

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000073964 (7)**

1. Corporation Name

**P & M KROMBACH ENTERPRISE, INC.**

Principal Place of Business

**7208 ALOMA AVE  
SUITE 300  
WINTER PARK FL 32792**

Mailing Address

**7208 ALOMA AVE  
SUITE 300  
WINTER PARK FL 32792**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/26/1993</b>		3a. Date of Last Report <b>04/25/1995</b>	
21 <b>121 Blue Creek Drive</b>		26 <b>121 Blue Creek Drive</b>		4. FEI Number <b>59-3207123</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State <b>Winter Springs, FL</b>		28 City & State <b>Winter Springs, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>32708</b>		25 Country <b>Seminole</b>		29 Zip <b>32708</b>		30 Country <b>Seminole</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KROMBACH, MARILYN 7208 ALOMA AVENUE SUITE 300 WINTER PARK FL 32792</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>121 Blue Creek Drive</b>			
				83			
				84 City <b>Winter Springs, FL</b>			
				85 Zip Code <b>32708</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KROMBACH, PHILIP E</b>	1.2 NAME	
STREET ADDRESS	<b>7208 ALOMA AVE SUITE 300</b>	1.3 STREET ADDRESS	<b>121 Blue Creek Drive</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	1.4 CITY-ST-ZIP	<b>Winter Springs, FL 32708</b>
TITLE	PTDC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KROMBACH, MARILYN</b>	2.2 NAME	
STREET ADDRESS	<b>7208 ALOMA AVE. SUITE 300</b>	2.3 STREET ADDRESS	<b>121 Blue Creek Drive</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	2.4 CITY-ST-ZIP	<b>Winter Springs, FL 32708</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn Krombach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

(407) 359-7654

CR2E034 (12/95)