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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P93000086853 (7) 1. Corporation Name K R APTS., INC. Principal Place of Business 1332 PASADENA AVENUE SOUTH SOUTH PASADENA FL 33706 SOUTH PASADENA FL 33706					
				Date Incorporated or Qualified 12/15/1993	3a. Date of Last Report 04/11/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-3213957	Not Applicable
22]	m, 000.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	8	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		Trust Fund Contribution	LJ Added to Fees
24	25 Codristy	Ζιρ [29]	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under si 199,032, - □ No
	9. Name and Address of Curr			10. Name and Address of New F	
			81 Name		
RIDDLE, KEITH A 1332 PASADENA AVENUE SOUTH SOUTH PASADENA FL 33706			82 Street Add	ess (P.O. Box Number is Not Acceptat	
			83		
000111	TAGADENA TE 30700		[63]		
			84 City	VI V	FL 85 Zip Code
SIGNATURE		ND DIRECTORS	NEDTE: Forgisterent Agenit signature migraria.	ct when recistating and DDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	RIDDLE, KEITH A	☐ DELETE	1 170128		Change Addition
NAME STREET ADDRESS	1332 PASADENA AVENUE SOUTH, #607		1.2 NAME		
CITY-ST-ZIP	SOUTH PASADENA FL		1.3 STREET ADDRESS 1.4 City - St - Zip		
TITLE		☐ DELETE	2 1 TriLF		☐ Change ☐ Addition
NAME			2.2 NAME		<u> </u>
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2 4 CITY - ST - ZiP		F-1
NAME			3 1 Title 32 NAMe		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY - ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		□ oceade □ votation
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(TY - S1 - Z)P		
TITLE		☐ DELETE	6 1 T:TLE		Change Addition
NAME STORET ADDORGE			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS		
14. I do hereb	L y certify that the information supplied	with this filing is voluntarily fu	64 CITY-ST-ZiP urnished and goes not quality for	or the exemption stated in Section 119.	07/3/k) Florida Statutas I further
oath; that i	THE REPORTABION FROM SERVICE ON THIS ARE	nual report or supplemental al location or the receiver or trus	nnual report is true and accura- ted empowered to execute the	le and that my signature shall have the s report as required by Chapter 607, Fix	التابية فالكانية والأسامة والمتاكم المتحالة والمتحجم

SIGNATURE: _

SIGNATURE AND TYPED OF PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

5-30-86 8/3 34/ 1940