FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P9400003014	(5)
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KREHER, INC.

Principal Place of Business 5404 ASHTON COURT UNIT E SARASOTA FL 34233		UNIT E	5404 ASHTON COURT					
	L OTROV				3. Date incorporated or Qualifi 01/06/1994	ed 3a. Date of Last Rep 05/01/1996	nort	
2. Principal	Place of Business	2a. Mailing Addre	ess		4. FEI Number		lied For	
21	ł di obo	26 Suite, Apt. #,	oto.		65-0455448		Applicable	
Suite, Ap	I #, etc	27 Suite, Apt. #,	eic.		5. Certificate of Status Desired	\$8.75 Ad		
City & Sta	ate	City & State			6. Election Campaign Financin	g \$5.00 N	lay Be	
23		28			Trust Fund Contribution	Added to		
Ζιρ	Country	Zip	Countr	У	8. This corporation has liability	for intengible tax under s. 1 Yes No	99.032,	
24	25 9. Name and Address of Cu	29 rrent Registered Agent	30	····	Fiorida Statutes 10. Name and Address of New			
KR	EHER, DONALD P		81	Name				
	14 ASHTON COURT		8	Stroot Add	Iress (P.O. Box Number is Not Acce	otabla)		
-	IT E			Street Au	Jiess (F.O. BOX NUMBER IS NOT ACCE	hrania)		
SAI	rasota fl. 34233		8	3				
			8	City		85 Zip Co	ode	
L		0000		<u> </u>	rporation submits this statement for t	FL s zipo		
office or agent. I SIGNATURE		_			ation's board of directors. I hereby a	ccept the appointment as re	gistered	
12.		S AND DIRECTORS	13.	deur eiduttrone Lede	ADDITIONS/CHANGES TO O		IN 12	
TIPLE	D	☐ DE		····		Change	Addition	
NAME	KREHER, JANICE E		1.2 NAME	:			Ì	
STREET ADDRESS		IT E	1.3 STREE	T ADORESS	•		[
CITY ST-7IP	SARASOTA FL 34233		1.4 CITY-					
TITLE }	D DOWN D	L. D€	•	1		L	☐ Addition	
NAME OTHER ADDRESS	Kreher, Donald 5404 Ashton, Court, Ui	NIT F	2.2 NAME	ET ADDRESS			ſ	
STREET ADORESS CITY-ST ZIP	SARASOTA FL 34233	W. C	2.3 STREE	1			ĺ	
TITLE		☐ D£				☐ Change	Addition	
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CITY S1 ZIP			3.4. CITY	-ST-ZIP				
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NAME.			4. 2 NAM					
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STHEFT ADDRESS			1	ET ADDRESS				
DITY-ST-ZIP			5.4 CiTY				-	
TITLE	·····	□ DE				Change	Addition	
NAME	}		6.2 NAM			-	}	
STREET ADDRESS	s			ET ADDRESS				

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 efficer 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