

**AMENDED
2000 UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -1 PM 4:45

DOCUMENT # P94000034396
1. Entity Name
KRONICK CORP.

Principal Place of Business 6960 Lions Head Lane Boca Raton, FL 33496	Mailing Address 6960 Lions Head Lane Boca Raton, FL 33496
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2. Principal Place of Business 4065 NW 64th Rd. Suite, Apt. #, etc.	3. Mailing Address 4065 N.W. 64th Rd. Suite, Apt. #, etc.
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City & State Boca Raton, FL 33496	City & State Boca Raton, FL 33496	4. FEI Number 65-0510536	Applied For <input type="checkbox"/> Not Applicable
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Zip 33496	Country USA	Zip 33496	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**Kronick, Gene
6960 Lions Head Lane
Boca Raton, FL 33496**

7. Name and Address of New Registered Agent
Name: **Steven L. Schwarzberg, Esq.**
Street Address (P.O. Box Number is Not Acceptable): **777 S. Flagler Dr., #300-East**
City: **West Palm Beach, FL** Zip Code: **33401**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Steven L. Schwarzberg* **Steven L. Schwarzberg** DATE: **11/16/00**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$350.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Kronick, Gene 6960 Lions Head Lane Boca Raton, FL 33496 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Kier, Ralph 4065 NW 64th Rd. Boca Raton, FL 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/S Kronick, Dania 6960 Lions Head Lane Boca Raton, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP/S Kier, Dania 4065 NW 64th Rd. Boca Raton, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ralph Kier* **Ralph Kier** DATE: **11/21/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

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R. Kier