


FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000048360 (9)					
1. Corporation Name: KRASNE AGENCY INC.					
Principal Place of Business 5601 N.W. 23RD AVE BOCA RATON FL 33496			Mailing Address 5601 N.W. 23RD AVE BOCA RATON FL 33496-3464		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip Country			28 Zip Country		
24 25			29 30		
9. Name and Address of Current Registered Agent					
LESNICK, IRVING I 7251 W. PALMETTO PARK RD. BOCA RATON FL 33433					81 Name
					82 Street Address
					83
					84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required)</small>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP		1.5 CITY - ST - ZIP		1.6 CITY - ST - ZIP	
2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP		2.5 CITY - ST - ZIP		2.6 CITY - ST - ZIP	
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.5 CITY - ST - ZIP		3.6 CITY - ST - ZIP	
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.5 CITY - ST - ZIP		4.6 CITY - ST - ZIP	
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.5 CITY - ST - ZIP		5.6 CITY - ST - ZIP	
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.5 CITY - ST - ZIP		6.6 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed or on attachment with an address.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)