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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400063683 (4)

KR HOLDINGS, INC.

FILED Jan 14 1997 8:00am Secretary of State



| Principal Pla 118 KENSING HOLLYWOOD | | | | | | | | | |
|--|---|--------------------------------|--|-------|--------------------|--|--------------------------------|--------------------------|---------------------|
| | | | | | | 3. Date Incorporated or Qualified 08/22/1994 | | ale of Last F 25/1996 | Report |
| 2. Principal | Place of Business | 2a. Mailing Address | 2a. Mailing Address | | | + | | | pplied For |
| 21 | | 26 | | | | | | ot Applicable | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | 27 | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & Sta | | City & State | ······································ | | | 6. Election Campaign Financing Trust Fund Contribution | | |) May Be to Fees |
| Zip | Country | Ζφ | ├ \ | intry | <i>f</i> | 8. This corporation has liability folia | | _ | s. 199.032, |
| 24 | [25] | [29] | 30 | т— | | | Yes | | |
| · V4 | 9. Name and Address of Curre | nt Hegisterea Agent | | 81 | Name | 10. Name and Address of New Re | Jistered | Agent | |
| | | 4 | | Ľ | Ivanio | | | | |
| 1940 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 | | | | 82 | | ess (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | [| | | | |
| | | | | 84 | City | | EI | 85 Zip | Code |
| 44 6 | | 00 | | L | <u> </u> | poration submits this statement for the p | FL | ~ LI | Ma |
| SIGNATURE | Signature, typed or profess name of registerest as OFFICERS AI | NO DIRECTORS | 13. | | ent signature requ | red when reinstaing) ADDITIONS/CHANGES TO OFFIC | DATE ERS ANI | | |
| TITLE | D | DELETE | 1.1 T | ITLE | | | | Change | Addition |
| NAME | YALON, VANDA | | 1.2 N | IAME | | | | | |
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| CITY - ST - ZIP | HOLETWOODTE | DELETE | | ~~~~ | ST-ZIP | | | Change | Addition |
| TITLE NAME | | FT DETECT | 211 | | ĺ | | | L' O KOUÑE | C. Johnson |
| NAME STREET ADDRESS | 8 | | | | t address | 1.4 | (₄₀ | | |
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| | | (Decent | 1 | | 1 | | | E. Johanys | h-ml Abdiction |
| NAME. | 2 | | 62N | | T ADDRESS | | | | |
| STREET ADDRESS | -3 | | 1 | |) | | | | |
| CITY-S1-ZIP | and the first the information and the | ad with this files does not or | | | ST-ZIP | ed in Section 119 07(3)(i) Florida Statute | c. I furthe | or portify the | u tho |

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplienced 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 restrict 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 in attachment with an address.

SIGNATURE:

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0129399