

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000085990 (7)

1. Corporation Name

KRP VENTURES, INCORPORATED

Principal Place of Business

4961 QUAIL MEADOWS ROAD  
TALLAHASSEE FL 32303

Mailing Address

4961 QUAIL MEADOWS ROAD  
TALLAHASSEE FL 32303



2. Principal Place of Business:		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/29/1994		02/14/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0528241		Not Applicable	
City & State		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		29		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		30		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes		Yes No	
24		31		USA			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
81				82			
83				84			
85				86			

TITUS, CLAIRE A  
849 KINGS BAY DRIVE  
CRYSTAL RIVER FL 34423

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KESSLER, JEFFREY B	1.2 NAME	
STREET ADDRESS	4961 QUAIL MEADOWS ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32303	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey B. Kessler

06/14/96 (352) 860 1710

Daytime Phone

CR2E034 (3/96)