

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087025

1. Corporation Name
KRM, INC.

Principal Place of Business

1119 NORTH D STREET
LAKE WORTH FL 33465

Mailing Address

1119 NORTH D STREET
LAKE WORTH FL 33465

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

VAN DER BOGART, MARY L
1119 N. "D" ST
LAKE WORTH FL 33465

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

4. FLL Number

65-0540863

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

Yes No

10. Name and Address of New Registered Agent

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, if applicable,

(NOTE: If a new Agent is appointed, the corporation must file a new

form)

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|------------|------------------------|----------------|---------------------|
| P | VAN DER BOGART, MARY L | 1119 N. "D" ST | LAKE WORTH FL 33465 |
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY-ST-ZIP | 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY-ST-ZIP | 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY-ST-ZIP | 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY-ST-ZIP | 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY-ST-ZIP |
|------------|--------------|-------------------|----------------|------------|--------------|-------------------|----------------|------------|--------------|-------------------|----------------|------------|--------------|-------------------|----------------|------------|--------------|-------------------|----------------|------------|--------------|-------------------|----------------|
| [] Change | [] Addition | | | [] Change | [] Addition | | | [] Change | [] Addition | | | [] Change | [] Addition | | | [] Change | [] Addition | | | [] Change | [] Addition | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victor Luerro, Atty in Fact 4/6/99 561-995-000

0352117

CR2E034 (11/98)

☒ Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.

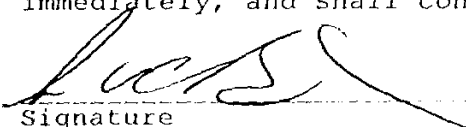
Or

2-

☐ No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.

Special Power of Attorney

I, RICHARD VAN DER BOGART, President of KRMT Inc, hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in Block 14 of the signature area the Florida Department of State Profit Corporation Annual Report on behalf of KRMT Inc.. This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.


Signature

RICHARD VAN DER BOGART
Printed name

President
Title

11-198
Date