

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

FILED  
Mar 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000087475 (7)

1. Corporation Name

FOURBEEKAZE CORPORATION

Principal Place of Business

3341 MONET DRIVE  
PALM BEACH GARDENS FL 33410

Mailing Address

3341 MONET DRIVE  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1994

4. FEI Number

65-0541926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 7035 S.E. Harbor Circle

Suite, Apt. #, etc.

22

City & State

23 Stuart, FL

Zip

24 34996

Country

25 USA

2a. Mailing Address

26 7035 S.E. Harbor Circle

Suite, Apt. #, etc.

27

City & State

28 Stuart, FL

Zip

29 34996

Country

30 USA

9. Name and Address of Current Registered Agent

PALADINO, RICHARD  
505 SOUTH FLAGLER DRIVE  
STE. 1330  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Bruce Kropschot

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

7035 S.E. Harbor Circle

83

84 City

Stuart

FL

85 Zip Code

34996

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

Bruce E. Kropschot, President

2/27/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
KROPSCHOT, BRUCE E  
3341 MONET DRIVE  
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
KROPSCHOT, BARBARA  
3341 MONET DRIVE  
PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

7035 S.E. Harbor Circle  
Stuart, FL 34996

☒ Change ☐ Addition

7035 S.E. Harbor Circle  
Stuart, FL 34996

☐ 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)(i), 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.

SIGNATURE

Bruce E. Kropschot

2/27/98 561-225-1100

CR2E034 (10/97)