1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90173 036 ***150.00

DOCUMENT # P95000011555

1. Corporation Name

LAW OFFICES OF ROBERT KRUG, P.A.

Principal Place	e of Business	Mailing Address				+ 1004100+ 110 101E)			At Atial Bili IBA
4010 BOYSCOL	UT BLVD	4010 BOYSCOUT BLVD							
SUITE 590		SUITE 590			DO NOT WRITE IN THIS SPACE				
TAMPA FL 33607 US		TAMPA FL 33607 US	TAMPA FL 33607		-	3. Date incorporated or Qualifed			
03		00			Į.	02/10/1995			
2 Principal P	lace of Business	2a. Mailing Address		<u>,</u>		4. FEI Number			pplied For
21	iace of Dusiness	26			ĺ	59-3294173			lot Applicable
	#, etc	Suite, Apt. #, etc.	<u>~</u> _~.				·—	\$8.75	Additional
22	•	27			1	5. Certificate of Status Desired -	□ ~ ·	Fee F	tequired
City & Stat	le	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Countr	У		8. This corporation owes the cum	ent year Inta		
24	25		30			Personal Property Tax.	la alatana d	Yes	No
·	9. Name and Address of Curre	nt Registered Agent	. 8	1 Name	1	10. Name and Address of New F	registered /	Agent	
KRU	ig, robert		ا	I Ivallio					
	BOYSCOUT BLVD		8:	2 Street	Address	(P.O. Box Number is Not Accepta	able)		
	TE 590		8:	3					
	IPA FL 33607		["		_				
1 1700			8	4 City			FL	85 Zip	Code
1200				1					
44 B	to the provisions of Sections 607 05	02 and 607.1508. Florida Statute:	s, the abo	_ ve-named	corporat	tion submits this statement for the	numose of	changing it	s registered
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	e of Florida. Such change was au	inorized b	v the coro	corporat oration's	tion submits this statement for the board of directors. I hereby accep	numose of	changing it ntment as i	s registered egistered
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obliging the section of the control of the con	e of Florida. Such change was au	inorized b	v the coro	corporat oration's	tion submits this statement for the board of directors. I hereby accept	numose of	changing in	s registered egistered
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

813 871 5784