

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 SEP 15 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000018897 (5)**

1. Corporation Name  
**ROBERT KRUEGER, INC.**

Principal Place of Business  
**13176 63RD LANE, NORTH  
WEST PALM BEACH FL 33412**

Mailing Address  
**13176 63RD LANE, NORTH  
WEST PALM BEACH FL 33412**

2. Principal Place of Business <b>21 12290 72nd CTW</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 WEST PALM BEACH FL</b> Zip <b>24 33412</b>	2a. Mailing Address <b>26 12290 72nd CTW</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 WEST PALM BEACH FL</b> Zip <b>29 33412</b>
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3. Date Incorporated or Qualified <b>03/08/1995</b>	3a. Date of Last Report <b>06/25/1996</b>
4. FEI Number <b>65-0573766</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KUREGER, ROBERT 13176 63RD LANE, NORTH WEST PALM BEACH FL 33412</b>	10. Name and Address of New Registered Agent <b>81 Name Robert Krueger</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 12290 72nd CTW</b> <b>83</b> <b>84 City WEST PALM BEACH FL 85 Zip Code 33412</b>
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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] DATE **6-12-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D KRUEGER, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>13176 63RD LANE, NORTH</b>	1.3 STREET ADDRESS	<b>8000002295818-7</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33412</b>	1.4 CITY-ST-ZIP	<b>-09/17/97-01088-005</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>***550.00 ***550.00</b>
NAME	<b>Robert Krueger</b>	2.2 NAME	
STREET ADDRESS	<b>12290 72nd CTW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WPA FL 33412</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

CP2E034 (4/97)