

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000038118 (2)

1. Corporation Name

KRIEGLSTEINER ENTERPRISES, INC.



Principal Place of Business

P.O. BOX 1396
LEHIGH FL 33970

Mailing Address

P.O. BOX 1396
LEHIGH FL 33970

3. Date Incorporated or Qualified

05/12/1995

3a. Date of Last Report

2. Principal Place of Business

21 PO BOX 1390

2a. Mailing Address

26 PO BOX 1390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Lehigh FL

24 Zip 33970 25 Country

27 City & State

28 Lehigh FL

29 Zip 33970 30 Country

4. FEI Number

65-0581754

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SINKOVITS, ANGELA
302 LEE BLVD
SUITE 105
LEHIGH FL 33936

10. Name and Address of New Registered Agent

81 Name SINKOVITS ANGELA

82 Street Address (P.O. Box Number is Not Acceptable)
1251 Taylor Lane Ext.

83 SUITE 6F

84 City LEHIGH

FL

85 Zip Code 33936

11. Pursuant to the provisions of Sections 607.0508 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

Angela Sinkovits

Angela Sinkovits

4/23/96

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KRIEGLSTEINER, PETER
STREET ADDRESS 19964 LAKE VISTA CIR
CITY-ST-ZIP LEHIGH FL 33936

DELETE

TITLE V
NAME KRIEGLSTEINER, CLAUDIA
STREET ADDRESS 19964 LAKE VISTA CIR
CITY-ST-ZIP LEHIGH FL 33936

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Please note attached fax copy with signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)