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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000038118 (2)

KRIEGLSTEINER ENTERPRISES, INC.

PO BOX 1390 PO BOX 1390 LEHIGH FL 33970 LEHIGH FL 33970-1390 HS 3. Date Incorporated or Qualified 3a. Date of Last Report 05/12/1995 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0581754 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SINKOVITS, ANGELA 1251 TAYLOR LANE EXT SUITE 6F Street Address (P.O. Box Number is Not Acceptable) SUITE 105 LEHIGH FL 33936 83 City Zip Code 85 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. Signiciare, typed or printed name of registered agent and title diapplicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (9) 12. DELETE 1.1 TITLE Change THLE KRIEGLSTEINER, PETER 1.2 NAME NAME 19964 LAKE VISTA CIR STREET ADORESS 1.3 STREET ADDRESS LEHIGH FL 33936 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TIFLE TITLE KRIEGLSTEINER, CLAUDIA 2.2 NAME MAME 19964 LAKE VISTA CIR 2.3 STREET ADDRESS STREET ADDRESS LEHIGH FL 33936 2. 4 City-St-ZIP CHY+S1+ZIP □ DELETE 3.1 TITLE ☐ Change Addition THUE 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change Addition 4.1 TITLE THEF 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 011 Y - \$1 - 7/F 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY - ST-ZIF Change Addition TITLE DELETE 6.1 FITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 14. Loo 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.

Rue asteiner O Peter Knodstow Per 4/25/47

FILED Apr 30 1997 8:00am Secretary of State

