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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059330 (7)

KRONE INTERNATIONAL, INC.

Principal Place of Business Mailing Address 1515 GULFSTAR DRIVE SOUTH 1515 GULFSTAR DRIVE SOUTH NAPLES FL 33942 NAPLES FL 33942 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0610309 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIBENEDETTO, ROBERT P. CPA C/O GIRADIN BALDWIN & ASSOCIATES LLP 82 Street Address (P.O. Box Number is Not Acceptable) 5147 CASTELLO DRIVE 83 NAPLES FL 34103 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPST □ DELETE 1,1 TITLE Change ☐ Addition NAME NIEHAUS, GERRIT 1.2 NAME **1515 GULFSTAR DRIVE SOUTH** STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 THLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 THILE NAME 6.2 NAME

14. Thereby certify that the information supplied with this ting 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 suppliemental 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 corporator or the project 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 corporator or the project 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 corporator of the corporator

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MANATURE.

STREET ADDRESS

CITY - ST - ZIP

CR2E034 (10/97)

FILED

Jan 20 1998 8:00am

Secretary of State