FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90280 039 ***150.00

DOCUMENT # P9500060054

1. Corporation Name

RANDI E. KRAUS P.A.

Principal Place	e of Business	M	ailing Address			·	7	i ideilebi un idigi dilir adin ann				
250 N. BELCHER RD. 250 N. BELCHER RD. SUITE 100 SUITE 100 CLEARWATER FL 33765 CLEARWATER FL 34625								DO NOT WRIT	E IN THIS	SPACE		<u>1</u>
US	,	US	i	,		•	3	3. Date Incorporated or Qualifed 08/02/1995		•		
2. Principal Place of Business 2a. Mailing Address 25								FO 2020C40		· —	Applied For	_
21	Suite, Apt. #, etc.	ite Act # ote				<u>59-3329649</u>	<u> </u>		Not Applicate Additional			
Suite, Apt.	#, etc.	27	27				ا ئ ا اخ	5. Certifcate of Status Desired			Required - =	
City & State	e	21	City & State					5. Election Campaign Financing		\$5.0	 0 мау Ве	
23		28	⊢ '					Trust Fund Contribution	<u> </u>		d to Fees	
Zip Country			Zip Country			<u> </u>	1	This corporation owes the curre	nt year Int	_	- 1	İ
24	25	29		30				Personal Property Tax.		∐ Yes	□No	
	9. Name and Addres	s of Current Regis	stered Agent	_	81	Name	11	Name and Address of New R	egistered .	Agent		
KRAI	US, RANDI E									•		
250 N. BELCHER ROAD					82	Street Add	reet Address (P.O. Box Number is Not Acceptable)					
	E 100				83			-				
CLEARWATER FL 33765					84 City			 	FI	85 Zi	p Code	\neg
agent. i a	to the provisions of Secti egistered agent, or both, im familiar with, and acce	ons 607.0502 and 6 in the State of Flori pt the obligations of	607.1508, Florida Statut da. Such change was a f, Section 607.0505, Flo	es, the al uthorized rida Stati	bove by utes	e-named corr the corporati	orati on's	on submits this statement for the phoard of directors. I hereby accept	ourpose of the appoi	changing ntment as	its registere registered	ed
SIGNATURE	Signature, typed or printed name	of registered agent and title	if applicable. (NOTE	: Registered	Agen	nt signature require	d whe		DATE			
12.	OI	FICERS AND DIRE		13.				ADDITIONS/CHANGES TO OFF	ICERS AN			
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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 chapted, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS