FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$22500 FLORIDA DEPARTMENT OF STATE May 14 1997 8:00am CORPORATION ANNUAL REPORT Sandra B. Mortham Secretary of State Secretary of State **1997** DIVISION OF CORPORATIONS DOCUMENT #P95000072087(6) 1. Corporation Name KR50. INC.
Principal Place of Business Mailing Address 3a, Date of Last Report 3. Date Incorporated or Qualified 326 - 176TH AVENUE CIRCLE REDINGTON SHORES, FL 33708 2. Principal Place of Business 12/31/95 <u> 10/10/95</u> 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0616803 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution Zip Zip Country Country 8. This corporation has liability for intangible tex under a 199.032, X Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.D. Box Number is Not Acceptable) Moore, Charles G., Esq. 5530 First Avenue North 83 4000021908 -05/27/97--01012--018 Zip Code St. Petersburg, FL 33710 City ***165.00 11. Pursuent 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 femiliar with, and eccept the obligations of, Section 607.0505, Florida Statutes. SIG NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE DELETE NAME 1.2 NAME Reiss, Kenneth I STREET ADDRESS 1.3 STREET ADDRESS 326 - 176 Av. Redington Sh FL 33708 CITY - ST - ZIP 1.4 CITY -ST -ZIP TITLE 2.1 TITLE DELETE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY -ST -ZIP 2.4 CITY - ST - ZIP TITLE 3.1 TITLE DELETE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE 4.1 TITLE DELETE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY -ST -ZIP 4.4 CITY -ST - ZIP TITLE 5.1 TITLE DELETE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY -ST -ZIP 5.4 CITY - ST - ZIP TITLE 6.1 TITLE DELETE Change NAME 8.2 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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Floride 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 BO7, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: Francth eus Kenneth I. Reiss (813) 391-5255 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR