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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000084851 (1) DOCUMENT # 1. Corporation Name

KRUG ENGINEERING, INC.



	14TH AVENUE. BAY #7 BEACH FL 33069	Mailing Address 335 S.W. 14TH AV POMPANO BEACH	VENUE. BAY #7 I FL 33069	
a December 2	(0)			3. Date Incorporated or Qualified 3a. Date of Last Report
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26		4. FEI Number 65-062 3444 Applied For Not Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fund
Zip Country 24 25		Ζιρ 29	Country 30	This corporation has liability for intangible tax under s 199.032,
	9. Name and Address of Curre	ent Registered Agent		Florida Statutes Yes No
			B1 Name	10. Name and Address of New Registered Agent
	1, GERALD V			
	I.W. 37TH COURT		82 Stree	t Address (P.O. Box Number is Not Acceptable)
CORAL	. Springs fl 33065		83	
			ļ., l	
			84 City	F1 85 Zip Code
 Pursuant to or registere 	the provisions of Sections 607,050	02 and 607.1508, Florida Statu	ites, the above named o	
familiar with	n, and accept the obligations of Sec	otion 607.0505, Florida Statute	ized by the corporation's is:	corporation submits this statement for the purpose of changing its registered offices board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE				
12.	ignative, typed or printed name, of registerest age:		OTE Regulated Agent signature	touries who is is said with the said with th
TITLE	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	KRUG, LOUIS	□ DELETE	1 11HLE	
				Change Addition
			1.2 NAME	Change Addition
STREET ADDRESS	6219 N.W. 79TH WAY			Change Addition
STREET ADDRESS CITY-ST-ZIP			1 2 NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE	6219 N.W. 79TH WAY PARKLAND FL 33067	☐ DEFELE	1.2 NAME 1.3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	6219 N.W. 79TH WAY PARKLAND FL 33067 D KRUG, MARIA	☐ DECETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CHY+ST-ZIP	Change Addition
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certify that the information indicated on this annual report or supplemental annual roport is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: /

Man'a Kua MARIT SIGNATURE AND TYPED OR PRINTED NAME OF SCHOOL OFFICER OR DIRECTOR

MARIA

KRUG

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # S9327 RODUCTIONS, INC.	77 (9)				
Principal Place	of Business	Mailing Address				
8037 W. MCNAB RD. TAMARAC FL 33321		B037 W. MCNAB RD. TAMARAC FL 33321				
					3. Date Incorporated or Qualified 11/12/1991 3a. Date of Last Report 02/01/1995	
	Principal Place of Business 2a. Mailing Address				4. FEI Number Applied F Applied F Not Appli	
Suite, Apl. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees	
City & State		City & State				
Ζφ	Gountry	Ζφ	Country		8. This corporation has liability for intangible tax under s 199.032	
24	25	29	30		Florida Statutes Yes No 10, Name and Address of New Registered Agent	
	9. Name and Address of Curre	ent Hegistered Agent	81	Name	10. Name and Address of New Registered Agent	
GAYNO	R, JEREMY G.		82	Causes Adda	ess (P.O. Box Number is Not Acceptable)	
	. MCNAB RD.		62	Street Addr	ess (n.c. box nomber is not Acceptable)	
TAMAR/	AC FL 33321		83			
			84 Orty		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607,050	02 and 607.1508, Florida Statuti	es, the above n	anied corpor	ation submits this statement for the purpose of changing its registered	office
or register familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, So	nda, Such change was authoriz ction 607 0505, Florida Statutes	ed by the corpo -	oration's boai	d of directors. Thereby accept the appointment as registered agent. I	am
SIGNATURE ,	Signature, typed or printed that is of respitementacy	ing a second	CE Foguleied Agen		Exclusion in colonic as	
12.		ND D'RECTORS	13.	t bygradicine: No. arms	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TrTLF	PT	☐ DFL€TE	1 1 TOLE		. Change Ada	dition
NAME	GAYNOR, JEREMY G		1.2 NAME			
STREET ADDRESS	8037 W MCNAB RD		1.3 STREET	ADORESS		
CITY-ST-ZIF	TAMARAC FL		1.4 CHY-S	1 - ZiP		Julian .
TITLE	VS DELETE		2 1 TILLE]	Change C Adı	3-110r
NAME	GAYNOR, LINOA M.D.		2.2 NAME			
STREET ADDRESS	8037 W MCNAB RD TAMARAC FL		23 STREET			
CITY-ST-ZIP TITLE	IAMATAN I'L	DELETE	2.4 CITY - S 3.1 T:TLE	1 - 716.	Change Ad	dition
NAME		<u></u>	3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY - ST - ZIP			3.4 CITY - S	T - 71P		
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stuna r			O C INMIN (ì		
STREET ADDRESS			6 3 STREET	ADDRESS		

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 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 cath; 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 or an attachment with an address. SIGNATURE:

JEREMY & GAYNOR 4/23/96 954-726-7680

CR2E034 (12/95)