

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000012349	
1. Corporation Name KR Investment Group	
1984 N University Drive #101J Plantation Fla. 33322	
Principal Place of Business	Mailing Address
1984 N University Drive #101J Plantation Fla. 33322	

2. Principal Place of Business	2a. Mailing Address
21 1984 N University	26 Suite, Apt #, etc. Same
22 Suite, Apt #, etc. 101J	27 City & State
23 City & State Plantation	28 City & State
24 Zip 33322 Country Fla	29 Zip Country
25	30

9. Name and Address of Current Registered Agent	
Morgan LAURA ESQ 2.9. University DR # 319 Plantation Fla. 33324	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

11. Pursuant to the provisions of Sections 607.0512 and 607.1509, 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	DELETED
STREET ADDRESS	1984 N University DR # 101J
CITY-ST-ZIP	Plantation Fla 33322
TITLE	NAME
NAME	DELETED
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	DELETED
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	DELETED
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	DELETED
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I hereby certify that the information reported 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.

SIGNATURE: _____ DATE: 27/Apr 98 DAYTIME PHONE: _____

CR2E034 (10/97)