Applied For

\$8.75 Additional

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90071 015 ***150.00

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02/27/1996

59-3361090

5. Certificate of Status Desired

FEI Number

| DOCUMENT # P96 1. Corporation Name KROL ENTERPRISES INC | | |
|---|--|--|
| Principal Place of Business | Mailing Address | 1 (88:104) IIE (Brite Britt Beitt Beitt anter nent anter |
| 4832 CASON COVE DR UNIT 201 ORLANDO FL 32811 | 4832 CASON COVE DR UNIT 201 ORLANDO FL 3281† | DO NOT WRITE IN THIS SPACE |
| US | US | 3 Date Incorporated or Qualifed |

26 KROL KAZIMIERZ

2a. Mailing Address

Suite, Apt. #, etc.

| City & State 23 City & State 23 City & State 24 25 City & State 25 City & State 26 City & State 27 25 City & State 27 25 City & State 28 City & State 29 25 City & State 29 26 City & State 29 27 28 State 29 Country 29 28 State 29 Name and Address of Current Registered Agent KAZMIERZ, KROL 4832 CASON COVE DR UNIT 201 ORLANDO FL 32811 11. Pursuant to the provisions of Sactions 607 0502 and 607 1508, Florida Statules. The above-named corporation submits this statement for the purpose of changing its registered difference of expenditor's board of difference. In hereby succept the approximation for the State of City Current Registered Statules. The above-named corporation submits this statement for the purpose of changing its registered difference of expenditor's board of difference. In hereby succept the approximation are registered submits. The statement for the purpose of changing its registered difference of the purpose of th | 22 6349 | HUNTSVILLE ST. | 27 6349 HUNTSVIL | LE 31. | 5. Certificate of Status Desired | Fee Re | quired |
|--|----------------------------|---|---------------------------------|----------------------------|---|--|------------------------|
| Trust Fund Contribution Added to Fees Zep | City & State | e | City & State | <u> </u> | 6 Election Campaign Financing | \$5.00 | Mav Be |
| Same and Address of Current Registered Agent 10, Name and Address of New Registered Agent | 23 ORLA | MDO FL. | 28 ORLAMDO, | FL | 1 ** 1 1 | | · · |
| Same and Address of Current Registered Agent 10, Name and Address of New Registered Agent | Zip | | Zip | Country | 8. This corporation owes the current year | | ا |
| KAZIMIERZ, KROL 4832 CASON COVE DR UNIT 201 ORLANDO FL 32811 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 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, and familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature, typoid or printed care of registered agent, and familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE P DELETE 11. TITLE KROL, KAZIMIERZ KROL, KAZIMIERZ STREET ADDRESS CITY-ST-ZP TITLE VP DELETE 13. STREET ADDRESS CITY-ST-ZP TITLE NAME 13. STREET ADDRESS CITY-ST-ZP TITLE DELETE 3.1 TITLE 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZP TITLE DELETE 3.1 TITLE ALCITY-ST-ZP TITLE NAME 3.3 STREET ADDRESS CITY-ST-ZP TITLE DELETE 3.1 TITLE ALCITY-ST-ZP TITLE ALCITY-ST-ZP TITLE DELETE 3.1 TITLE Change Addition Addition STREET ADDRESS CITY-ST-ZP TITLE DELETE 3.1 TITLE Change Addition ALCITY-ST-ZP TITLE ALCITY-ST-ZP TITLE DELETE 3.1 TITLE Change Addition ALCITY-ST-ZP TITLE ALCITY-ST-ZP | 24 328/9 | | | OKHITOL | | | ΣΣINο . |
| KAZIMIERZ, KROL 4832 CASON COVE DR UNIT 201 ORLANDO FL 32811 482 CINDLIBIO 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 object. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or private raise of 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 object. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typical or private raise of registered agent age | | Name and Address of Current | Registered Agent | | 10. Name and Address of New Registe | ared Agent | |
| 4832 CASON COVE DR UNIT 201 ORLANDO FL 32811 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, 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or prieted name of registered agent and lots if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P. CHANGE ASSON COVE DR, #201 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VP DELETE 1: TITLE WROL, KAZIMIERZ 1: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VP DELETE 1: TITLE WROL, ALDONA STREET ADDRESS OFTV-ST-ZP ORLANDO FL 32811 DELETE 3: TITLE DELETE 3: TITLE ORLANDO FL 32811 ORLANDO FL 32811 ORLANDO FL 32811 DELETE 3: TITLE ORL | L A 76 | MICDZ KDO! | | 81 Name | | | |
| UNIT 201 ORLANDO FL 32811 84 CIV_ORLANDO FL 32811 84 CIV_ORLANDO FL 32811 85 Support of previsions of Sections 607.0502 and 607.1508, Flenda Statuties, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, a | | | | 82 Street | Address (P.O. Box Number is Not Acceptable) | | |
| ORLANDO FL 32811 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typeed or printed rained of registered agent and their #appociable. NOTE: Registered Agent segnature required when reintation; TILE NAME KROL, KAZIMIERZ TITLE KROL, KAZIMIERZ TREE AGONESS CITY-ST-ZP TITLE WP DELETE 1.1 TITLE AGDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME 1.3 STREET ADORESS CITY-ST-ZP TITLE WP DELETE 1.1 TITLE Change Addition Addition ACTIV-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP ORLANDO FL 32811 DELETE 3.1 TITLE Change Addition Addition Addition ACTIV-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP DELETE 3.1 TITLE Change Addition Addition ACTIV-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS STRE | | | | 634 | 9 HUNTSVILLE ST. | | |
| State City State City State | | | | 83 | | | 1 |
| 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and rise if approache. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE P | UKD | ORLANDO FL 32811 | | 84 City o | | 85 Zip (| Code. |
| 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, and factor the obligations of, Section 607.0505. Floridas Statutes. SIGNATURE 12. | | | | WK | , . . | FL 320 | 819 |
| Signature, typed or printed name of registered agent and time if applicable. (NOTE. Registered Agent suprature required when reinstating) DATE | office or re agent. I a | egistered agent, or both, in the State of | i Florida. Such change was auth | onzed by the corpo | corporation submits this statement for the purpo oration's board of directors. I hereby accept the a | se of changing its appointment as rec | registered gistered |
| TITLE | SIGNATURE | | | gistered Agent signature r | oquire minimizating/ | · | |
| NAME | 12. | | | | ADDITIONS/CHANGES TO OFFICER | | |
| STREET ADDRESS A832 CASON COVE DR, #201 1.3 STREET ADDRESS | TITLE | • | ☐ DELETE | 1,1 TITLE | | ☐ Change | ☐ Accition |
| CITY-ST-ZIP | NAME | | | 1.2 NAME | | | |
| TITLE | STREET ADDRESS | | | 1.3 STREET ADDRESS | | | |
| NAME | CITY-ST-ZIP | ORLANDO FL 32811 | | 1.4 CITY-ST-ZIP | | ···· | |
| STREET ADDRESS | TITLE | VP | ☐ DELETE | 2.1 TITLE | | ☐ Change | Addition |
| CITY-ST-ZIP | NAME | KROL, ALDONA | | 2.2 NAME | | | |
| TITLE | STREET ADDRESS | 4832 CASON COVE DR, #201 | | 2.3 STREET ADDRESS | | | |
| NAME | CITY-ST-ZIP | ORLANDO FL 32811 | | 2. 4 CITY-ST-ZIP | | | |
| STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP | TITLE | | ☐ DELETE | 3.1 TITLE | | Change | Addition |
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| TITLE | STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
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| TITLE DELETE 6.1 TITLE Change Addition | | | | 5.4 CITY-ST-ZIP | | | |
| CONTRACT | | | ☐ DELETE | 6.1 TITLE | | ☐ Change | Addition |
| | | | | 6.2 NAME | | | |

CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS