

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

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000042895 (8)**

1. Corporation Name  
**KRPT PROFESSIONAL SERVICES, INC.**



Principal Place of Business <b>18057 TAMPA PALMS BOULEVARD, WEST UNIT 159 TAMPA FL 33647</b>	Mailing Address <b>18057 TAMPA PALMS BOULEVARD, WEST UNIT 159 TAMPA FL 33647-2001</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/20/1996</b>	3a. Date of Last Report <b>2/1</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-338 0374</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent	
81 Name <b>Roy Schmidberger</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>3312 Silverwood Dr.</b>	
83		84 City <b>Plant City</b> <b>FL</b> 85 Zip Code <b>33567</b>	

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Roy Schmidberger* TO DATE *4/6/97*  
Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

14. I do 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.

SIGNATURE: *Roy Schmidberger* TO DATE *4/6/97* 813 948-0399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)