

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

FILED
Feb 11 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 # **P96000042895 (8)**

1. Corporation Name
KRPT PROFESSIONAL SERVICES, INC.

Principal Place of Business 16057 TAMPA PALMS BOULEVARD, WEST UNIT 159 TAMPA FL 33647	Mailing Address 16057 TAMPA PALMS BOULEVARD, WEST UNIT 159 TAMPA FL 33647
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1996	
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	4. FEI Number 59-3380374	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHMIDBERGER, ROY 3312 SILVERPOND DR PLANT CITY FL 33567		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	85. Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and filed if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NOLAN, TIM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16057 TAMPA PALMS BOULEVARD, WEST UNIT 159	1.2 NAME	
STREET ADDRESS	TAMPA FL 33647	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SCHMIDBERGER, KATHY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16057 TAMPA PALMS BOULEVARD, WEST UNIT 159	2.2 NAME	
STREET ADDRESS	TAMPA FL 33647	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD NOLAN, PATTI	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16057 TAMPA PALMS BOULEVARD, WEST UNIT 159	3.2 NAME	
STREET ADDRESS	TAMPA FL 33647	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD SCHMIDBERGER, ROY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16057 TAMPA PALMS BOULEVARD, WEST UNIT 159	4.2 NAME	
STREET ADDRESS	TAMPA FL 33647	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 supplementary 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: _____

2/14/98 8:13-948 0329

CR2E034 (10/97)