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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047274 (1)

1. Corporation Name
KRANTZ CO. INCORPORATED



Principal Place of Business: ~~805 CLAY RIDGE CT. ORANGE PARK FL 32065~~
Mailing Address: ~~805 CLAY RIDGE CT. ORANGE PARK FL 32065~~ 3734

3. Date Incorporated or Qualified: 05/16/1996
3a. Date of Last Report

2. Principal Place of Business: 21 9770 BAYMEADOWS Rd.
2a. Mailing Address: 26 9770 BAYMEADOWS Rd

4. FEI Number: 59-3380514
Applied For: Not Applicable

22 Suite 133
27 Suite 133

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 JACKSONVILLE, FL
28 JACKSONVILLE, FL

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24 32256 25 DUVAL
29 32256 30 DUVAL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
KRANTZ, KENNETH R
~~805 CLAY RIDGE CT. ORANGE PARK FL 32065~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9770 BAYMEADOWS Rd.
83 Suite 133
84 City: JACKSONVILLE, FL 85 Zip Code: 32256

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: Kenneth R. Krantz, KENNETH R. KRANTZ, APRIL 26, 1997
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KRANTZ, KENNETH R	
STREET ADDRESS	805 CLAY RIDGE CT.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9770 BAYMEADOWS Rd, Suite 133
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Kenneth R. Krantz, KENNETH R. KRANTZ, 4-26-97 (904) 777-1894
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)