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



DOCUMENT # P96000081447 (0)

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CORP ANNUA	PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 16 1997 8:00am Secretary of State		
Principal Place of Business S150 OFULFPORT BLVD. APT. 208 POCUMENT # P96000081447 (0) KRUEGER ENTERPRISES, INC. Mailing Address 6150 OFULFPORT BLVD. APT. 208							
ST. PETERSBURG	FL 33707	ŞT.	PETERSBURG FL 3370	17-3101	3. Date Incorporated or Qualified 09/26/1996	3a. Date of Last	Report
2. Principal Plac	e of Business	<u>├</u> 1	Mailing Address		4. FEI Number 98415100	· A	pplied For lot Applicable
21 Sulte, Apt. #,	etc.	<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	⊅ ∪.13	Additional
City & State			City & State		6. Election Campaign Financing	\$5.00	Neguired May Be
Zip	Country	h1	Z ip	Country	Trust Fund Contribution 8. This corporation has liability for its Statutes.		to Fees s. 199,032,
24	9. Name and Address of Cu	29 rrent Registe	ered Agent	[30]	Florida Statutes 10. Name and Address of New Rec		
11. Pursuant to office or reg agent. I am	the provisions of Sections 607. istered agent, or both, in the S familiar with, and accept the of	0502 and 60 tate of Florida oligations of,	7.1508, Florida Statut a. Such chango was Section 607.0505, Fl	es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	rpose of changing the appointment a	its registered s registered
Sig	nature, lypod or printed name of registered			E. Registered Agent alghature requ		DATE	
12.		AND DIREC	TORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
STREET ADDRESS 8	, Rueger, Robert W 150 Gulfport Blvd. Ap1 It. Petersburg Fl 33707		LJ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADORESS		C change	□ ¥oannou
CITY-ST-ZIP S TITLE NAME STREET ADDRESS	TETERODONO TE OSTAT		DELETE	1.4 CHY-S1-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME			DELETE	2. 4 CITY - ST - ZIP 3.1 TITEE 3.2 NAME		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	3.3 STREET ADDRESS 3.4. CHY-ST-ZIP 4.1 THE 4. 2 NAME		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE			DFLETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
NAME STREET ADDRESS CATY-ST-ZIP			F http://	5.2 NAMF 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Chance	Relabilita
NAME STREET ANDRESS	:		□ DELÉTE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		∐ Change	Addition

64 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 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.

BIOWN NO DECOURSED

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