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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092357 (7)

KRAKE & SMITH ENTERPRISES, INC.

Principal Place of Business Mailing Address

FILED May 04 1998 8:00am Secretary of State

14204 YACHT CLUB BLVD. SEMINOLE FL 33776		14204 YACHT CLUB BLVD. SEMINOLE FL 33776		DO NOT WRITE IN THIS	SPACE				
						3. Date Incorporated or Qualified			
2 Principal F	Place of Business	2a. Mailing Address				10/27/1997 4. FEI Number		1	
21		28. Mailing Address			59-3497971	⊢	Applied For Not Applicable		
Suite, Apt	₩, etc.	Suite, Apt #, etc.					\$8.7	75 Additional	
22		27				5. Certificate of Status Desired	T	e Required	
City & Stat	le	City & State				6. Election Campaign Financing	\$5.	.00 May Be	
23		28				Trust Fund Contribution		ded to Fees	
Zip	Country 25	Zip	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	g, Name and Address of Current		1551			10. Name and Address of New Registered			
SM	MITH, DONALD G SR.		81	ī	Name				
	204 YACHT CLUB BLVD.			2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SE	MINOLE FL 33776								
			83	5					
			84	1	City	=-	85	Zip Code	
44 Piveliant	to the provisions of Sections 607.0500	and 607 1509 Florido Ctot	iton the et-		named sees	oration submits this statement for the purpose of			
Office of f agent. I a SIGNATURE	registered agent, or both, in the State of im familiar with, and accept the obligation Signature, typed or purified name of registered agent	tions of, Section 607.0505, F	lorida Statute	98.		on's board of directors. I hereby accept the app	ointmen	t as registered	
12.	OFFICERS AND		13.	JOI IL	, signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIDEC	TOPS IN 12	
MILE	D	DELETE	1.1 TITLE			ADDITIONS/OF ANGES TO OFFICERS AND	Char		
NAME	SMITH, DONALD G SR.		1.2 NAME						
STREET ADDRESS	14204 YACHT CLUB BLVD.		1.3 STREE	TAE	DDRESS				
CITY-ST-ZIP	SEMINOLE FL 33776		1.4 CITY-		- 1				
TITLE	D	☐ DELETE	2.1 TITLE				Char	nge Addition	
HAME	KRAKE, KRIS A		2.2 NAME		į				
STREET ADDRESS	540 CARILLON PKWY, #3119		2.3 STREE	TAE	DDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33716		2.4 CITY-	ST-	- ZiP				
TITLE	D	☐ DELETE	3.1 TITLE				☐ Char	nge 🔲 Addition	
NAME	KRAKE, CAROL J		3.2 NAME						
STREET ADDRESS	540 CARILLON PKWY, #3119		3.3 STREE	TAE	DDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33716	T printe	3.4. CITY-	ST-	- ZIP		T 10:		
TITLE NAME		☐ DELETE	4.1 TITLE				Char	nge L Addition	
STREET ADDRESS			4 2 NAME						
CITY-ST-ZIP			4.3 STREE						
TITLE		DELETE	4.4 CITY -: 5.1 TITLE	31-	ZIP*		Char	nge	
NAME			5.2 NAME				UIDII	-g zudnitili	
STREET ADDRESS			5.3 STREE		DUBESS				
CITY-ST-ZIP			5.4 CITY-						
TITLE		DELETE	6.1 TITLE	۱-۱	LIF		Char	nge Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE		DDRESS				
CITY OF 710			C.A.DITH		700				

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 13 if changed, or on an attachment with an address.