


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90084 001 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000011857</b>					
1. Corporation Name <b>KRA, INC.</b>					
Principal Place of Business <b>215 BAYTREE DR. SUITE 1          MELBOURNE FL 32940</b>			Mailing Address <b>215 BAYTREE DR. SUITE 1          MELBOURNE FL 32940</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>02/05/1998</b>					
2. Principal Place of Business <b>2170 S. Courtney Pkwy</b>		2a. Mailing Address <b>2170 S. Courtney Pkwy</b>		4. FEI Number <b>59-3495204</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		Applied For Not Applicable	
City & State <b>Merritt Island FL</b>		City & State <b>Merritt Island, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32952</b>		Zip <b>32952</b>		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>REID, MADLYN K          2170 S. COURTENAY PKWY          MERRITT ISLAND FL 32952</b>			10. Name and Address of New Registered Agent		
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	REID, JAMES E				
STREET ADDRESS	2170 S. COURTENAY PKWY.				
CITY-ST-ZIP	MERRITT ISLAND FL 32952				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	REID, MADLYN K				
STREET ADDRESS	2170 S. COURTENAY PKWY				
CITY-ST-ZIP	MERRITT ISLAND FL 32952				
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					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)