

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

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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90018 011 ***550.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000018537**

1. Corporation Name
KRIEGER FINANCIAL SERVICES, INC.



Principal Place of Business 1845 SOUTH FEDERAL HIGHWAY SUITE 350 DELRAY BEACH FL 33483	Mailing Address 1845 SOUTH FEDERAL HIGHWAY SUITE 350 DELRAY BEACH FL 33483
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/26/1998	4. FEI Number 65-0914668	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name **John Madey, CFO**
 82 Street Address (P.O. Box Number is Not Acceptable)
KRIEGER FINANCIAL SERVICES, INC.
 83 **1845 S. FEDERAL Hwy., Ste 350**
 84 City **DELRAY BEACH** 85 Zip Code **FL 33483**

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: *[Signature]* DATE: **1/4/99**

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	KREIGER, PETER	
STREET ADDRESS	1845 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	John Madey	
STREET ADDRESS	1845 South Federal Hwy	
CITY-ST-ZIP	Delray Bch FL 33483	
TITLE	Senior VP	<input type="checkbox"/> DELETE
NAME	Andre Fir	
STREET ADDRESS	1845 South Federal Hwy	
CITY-ST-ZIP	Delray Bch FL 33483	

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	
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 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]* DATE: _____ DAYTIME PHONE #: _____

CR2E034 (11/98)