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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S38861

(8)

KRUGER CONSTRUCTION CORP.

**FILED** Jan 29 1997 8:00am Secretary of State

** - ** ** ** ** ** ** ** ** ** ** ** **		

Principal Place of Business 6695 N. US 1 VERO BEACH FL 32967 US		Mailing Address 6695 N US 1 UNIT 2 VERO BEACH FL 32967-55 US	6695 N US 1 		3. Date Incorporated or Qualified 04/17/1996				
2 Dringing I	Place of Business	2a. Mailing Address			4. FEI Number	1 (140		Applied For	
21	Table to totality as		us i		65-0245612		<u> </u>	Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.	<u>~</u>			<u> </u>	<del></del>	Additional	
22		27			5. Certificate of Status Desired			Required	
City & Sta	le	City & State	i	A (	6. Election Campaign Financing		\$5.00	May Be	
23		28 Vero Bec		<u>FI</u>	Trust Fund Contribution		Added	to Fees	
— Zip	Country	Zip	Count		8. This corporation has liability for			s. 199.032,	
24	25	29 32967	30 (	ls	Florida Statutes  10. Name and Address of New Re	Yes [			
VOI	<ol><li>Name and Address of Curr JGER, BRIAN D.</li></ol>	ent negistered Agent		1 Name	TO, Name and Address of New Ac	gistered A	igent		
	OGER, BRIAN U. 10 77TH STREET			TVOTE					
	RO BEACH FL 32967		8	2 Street Add	ress (P.O. Box Number is Not Acceptat	ole)			
V Co. I	O DENOTT E GEOGR		8	3			<del></del>	<del></del>	
								<del></del> .	
			8	4 City		FL	<b>85</b> Zip	o Code	
SIGNATURE	Signature hyperforgraded name of registered	agent and the if applicable (NO	1E. Registered A	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND	DIRECTO	DRS IN 12	
TITLE	D	DELETE	1.1 TITLE				Change		
NAME	Kruger, Brian D.		1.2 NAM	£					
STREET ADDRESS			1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	VERO BEACH FL		1.4 CiTY	ST-ZIP					
TITLE	D	DELETE	2.1 TiTLE				Change	Addition	
NAME	KRUGER, JULIA LYNN		2.2 NAM	E	<u>.</u> 				
STREET ADDRESS			2.3 STRE	ET ADDRESS	, -				
CITY - \$1 - ZIP	VERO BEACH FL	DEL CYC	2. 4 City						
THILE		[_] DELETE	3.1 TITLI				Change	Addition	
NAME			3.2 NAM						
STREET ADDRESS			1	ET ADORESS					
CHTY - ST - ZIP		DELETE		- ST-ZIP			Change	Addition	
TITLE NAME			4 1 TITLI 4 2 NAM	1			Unange	E MODILION	
STREET AUDRESS				ET ADDRESS					
CITY-ST-7P				-ST-ZIP					
TifLE		DELETE	5.1 TITL				Change	Addition	
NAME		<u></u>	5.2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY - ST - ZIP				-ST-ZIP				i	
TITLE		DELETE	6.1 TITLI			<del></del>	Change	Addition	
NAME			6.2 NAM	É					
STREET ACORESS			6.3 STRE	ET ADDRESS	•				
CHTY - ST - ZIP			6.4 CITY	-ST-ZIP					

14. Lan 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 indicates 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 or an attachment with an address.