FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

5-16-95 B-6730 C

APPROVED AND FILED

8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S86662 (1)

1. Corporation Name

FISCHER & KRUSING ENTERPRISES, INC.

Principal Place of Business: 148 WAHOO LANE W, SUGARLOAF KEY FL 33044, US

Mailing Address: RT 2 BOX 607K, SUMMERLAND KEY FL 33042, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1991

3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21: 8333 Eagle Lake Dr
22: Sarasota
23: FL
24: 34241
25: Sarasota

2a. Mailing Address
26: 8333 Eagle Lake Dr
27:
28: Sarasota FL
29: 34241
30: Sarasota

4. FEI Number: 65-0295016 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199 032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KRUSING, MICHAEL F.
RT 2 BOX 607K
SUMMERLAND KEY FL 33042

10. Name and Address of New Registered Agent

81 Name: Michael F. Krusing
82 Street Address (P.O. Box Number is Not Acceptable): 8333 Eagle Lake Dr
83
84 City: Sarasota FL
85 Zip Code: 34241

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DVP	TITLE	☐ Change ☐ Addition
NAME	FISCHER, JAMES A	NAME	
STREET ADDRESS	302 LAKEVIEW AVE.	STREET ADDRESS	
CITY-ST-ZIP	RINGWOOD NJ	CITY-ST-ZIP	
TITLE	DP	TITLE	DP ☒ Change ☐ Addition
NAME	KRUSING, MICHAEL F.	NAME	Krusing, Michael F
STREET ADDRESS	RT 2 BOX 607L N/A	STREET ADDRESS	8333 Eagle Lake Dr
CITY-ST-ZIP	SUMMERLAND KEY FL	CITY-ST-ZIP	Sarasota, FL 34241
TITLE	DST	TITLE	DST ☐ Change ☐ Addition
NAME	KRUSING, MARGO B.	NAME	Krusing, Margo B
STREET ADDRESS	RT 2 BOX 607K N/A	STREET ADDRESS	8333 Eagle Lake Dr
CITY-ST-ZIP	SUMMERLAND KEY FL	CITY-ST-ZIP	Sarasota, FL 34241
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 report or supplemental 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.

SIGNATURE: Margo Krusing / Margo Krusing — 5/1/95 — 813-927-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0117850 CP