

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -7 PM 3:07

DOCUMENT # V12662 (5)

1. Corporation Name

KRISTIN RESEARCH AND DEVELOPMENT CORP.

Principal Place of Business

2269 S UNIVERSITY DR  
SUITE 299  
DAVIE FL 33324

Mailing Address

2269 S UNIVERSITY DR  
SUITE 299  
DAVIE FL 33324

DO NOT WRITE IN THIS SPACE.

2. Principal Place

21 6574 North State Road 7 - # 103  
Suite, Apt. Coconut Creek, FL 33073-3617

22 City & State

23 Zip

24 Country

25 Zip

26 Country

27 Zip

28 Country

3. Date Incorporated or Qualified

02/10/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

22-2958802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

GULYA, RONALD J.  
2269 S UNIVERSITY DR  
SUITE 299  
DAVIE FL 33324

10. Name and Address of New Registered Agent

6574 North State Road 7 - # 103  
Coconut Creek, FL 33073-3617

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

*Ronald J. Gulya*

(NOTE: Registered Agent signature required when terminating)

DATE

2/1/95

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | PD                        |
| NAME            | GULYA, RONALD J.          |
| STREET ADDRESS  | 2269 S UNIVERSITY DR #299 |
| CITY - ST - ZIP | DAVIE FL                  |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                 |                                                                              |
|---------------------|---------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           |                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                 |                                                                              |
| 1.3 STREET ADDRESS  | 6574 North State Road 7 - # 103 |                                                                              |
| 1.4 CITY - ST - ZIP | Coconut Creek, FL 33073-3617    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.1 TITLE           |                                 |                                                                              |
| 2.2 NAME            |                                 |                                                                              |
| 2.3 STREET ADDRESS  |                                 |                                                                              |
| 2.4 CITY - ST - ZIP |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.1 TITLE           |                                 |                                                                              |
| 3.2 NAME            |                                 |                                                                              |
| 3.3 STREET ADDRESS  |                                 |                                                                              |
| 3.4 CITY - ST - ZIP |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.1 TITLE           |                                 |                                                                              |
| 4.2 NAME            |                                 |                                                                              |
| 4.3 STREET ADDRESS  |                                 |                                                                              |
| 4.4 CITY - ST - ZIP |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE           |                                 |                                                                              |
| 5.2 NAME            |                                 |                                                                              |
| 5.3 STREET ADDRESS  |                                 |                                                                              |
| 5.4 CITY - ST - ZIP |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE           |                                 |                                                                              |
| 6.2 NAME            |                                 |                                                                              |
| 6.3 STREET ADDRESS  |                                 |                                                                              |
| 6.4 CITY - ST - ZIP |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

*Ronald J. Gulya*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD J. GULYA

Date

File/Date Filed