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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V53197

(2)

1. Corporation Name

KRISTINE S. PELKONEN INC.

Principal Place of Business

780 NORTH 77TH ST
LANTANA FL 33462
US

Mailing Address

730 NORTH 7TH STREET
LANATA FL 33462-1808
US

3. Date Incorporated or Qualified
07/23/1992

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

21 730 North 7th St

2a. Mailing Address

26 730 North 7th St

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

23 Lantana, FL

City & State

28 Lantana FL

Zip 33462

Country Palm Beach

Zip 33462

Country Palm Beach

9. Name and Address of Current Registered Agent

PELKONEN, KRISTINE S.
730 NORTH 7TH STREET
LANTANA FL 33462

4. FEI Number

65-0350644

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

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

FL

35 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PELKONEN, KRISTINE S.
STREET ADDRESS 730 NORTH 7TH STREET
CITY-ST-ZIP LANTANA FL

TITLE D ☐ DELETE
NAME PELKONEN, EDWIN R.
STREET ADDRESS 420 NORTH 5TH STREET
CITY-ST-ZIP LANTANA FL

TITLE D ☐ DELETE
NAME PELKONEN, BERTHA T.
STREET ADDRESS 420 NORTH 5TH STREET
CITY-ST-ZIP LANTANA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/97 561582-0039

CR2E034 (9/96)