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FILED
May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H99798 (1) 1. Corporation Name KLEIN & KLEIN, P.A.			
Principal Place of Business % STUART B. KLEIN 1551 FORUM PLACE #400-B WEST PALM BCH. FL 33401		Mailing Address % STUART B. KLEIN 1551 FORUM PLACE #400-B WEST PALM BCH. FL 33401	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent KLEIN, STUART B. 1551 FORUM PLACE SUITE 400 B WEST PALM BCH. FL 33401		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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: typed or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PD NAME KLEIN, STUART B. STREET ADDRESS 1551 FORUM PL #400-B CITY-ST-ZIP W PALM BCH FL TITLE D NAME KLEIN, CARY E. STREET ADDRESS 1551 FORUM PL #400-B CITY-ST-ZIP W PALM BCH FL 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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/18/1986	
4. FEI Number 59-2671664	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

SIGNATURE

Signature: typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME KLEIN, STUART B.	1.1 TITLE	Change Addition
STREET ADDRESS 1551 FORUM PL #400-B		1.2 NAME	
CITY-ST-ZIP W PALM BCH FL		1.3 STREET ADDRESS	
TITLE D	NAME KLEIN, CARY E.	1.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS 1551 FORUM PL #400-B		2.1 TITLE	
CITY-ST-ZIP W PALM BCH FL		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
NAME		2.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS		3.1 TITLE	
CITY-ST-ZIP		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS		4.1 TITLE	
CITY-ST-ZIP		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS		5.1 TITLE	
CITY-ST-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS		6.1 TITLE	
CITY-ST-ZIP		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS			
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 attached sheet with an address.

SIGNATURE: *Stuart B. Klein* *Cary E. Klein*