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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

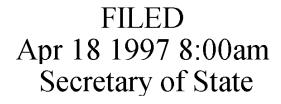
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K13214

(7)

TED KLAMETZ, CLU, RHU, INC.





Principal Place 2734 POLK ST HOLLYWOOD		2734 POLK 8	Mailing Address 2734 POLK STREET HOLLYWOOD FL 33020-4825			t resignt ser hode hing libêt tien sieh élek sieh elen elek elsk disk elsk hêdt			
						3. Date Incorporated or Qualified 01/26/1988	3a. Date	of Last F	Report
2. Principal I	Place of Business	2a. Mailing A	ddress		.,	4. FEI Number	1		pplied For
21		26	26			65-0030154 Not Applicable			
Suite, Apt. #. etc.		Suite, Apt	Suite, Apt. #, etc.			S8.75 Additional			
22		27				5. Certificate of Status Desired		Fee R	equired
City & Sta	ite	City & Sta	ate			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Ζ φ	Country	Zip		Country	<i>t</i>	8. This corporation has liability for it			6. 199.032,
24	25	29	30	L			Yes 🔲		······································
	9. Name and Address of Cu	irrent Registered Age	nt	81	Name	10. Name and Address of New Re	Histored Ag	ent	
	AMETZ, TED (CLU, RHU)			81	Ivanie				
2734 POLK STREET HOLLYWOOD FL 33020				62	Street Add	ldress (P.O. Box Number is Not Acceptable)			
				83					
				84	City			85 Zip	Code
				04	City		FL	(P)	Code
office or agent 1. SIGNATURE	registered agent, or both, in the S am familiar with, and accept the o					poration submits this statement for the pation's board of directors. I hereby acceptions when reinstaling	t the appoi	ntment as	s registered
12.		AND DIRECTORS	(1001)	13.	ant and market have	ADDITIONS/CHANGES TO OFFIC		PIRECTO	RS IN 12
TOLE	D		DELETE	1.1 TITLE					XX Addition
NAME	KLAMETZ, TED			1.2 NAME					
STREET ADDRESS 900 ST. CHARLES PLACE #304 BLDG F				1.3 STREE	T ADDRESS				
CITY-SI-ZIF	PEMBROKE PINES FL			1.4 CITY - 5		33026-3366			
TITLE	D		DELETE	2.1 TITLE	<u> </u>			Change	XX Addition
NAME	KLAMETZ, BARBARA			2.2 NAME					
STREET ADDRESS	900 ST CHARLES PL #304	4 BLDG F		2.3 STREE	T AODRESS				
C-TY-ST-ZIP	PEMBROKE PINES FL			2. 4 CITY-	ST-ZIP	33026-3366			
TOLE			DELETE	3.1 TITLE	**· **· · · · · · · · · · · · · · · · ·	<u> </u>		Change	Addition
NAME:				3.2 NAME					
STREET ADDRESS				3.3 STREE	TADDRESS				
City-S1-ZiP				3 4. CITY -	ST-ZIP				
THE			DELETE	4.1 TITLE			[Change	-
NAME				4. 2 NAME					
STHEET ADORESS				4.3 STREE	T ADDRESS				
CITY - ST - ZIF				4.4 CITY-	ST-ZIP				
TITLE		L	DELETE	5.1 TITLE			L	Change	Addition
NAME				5.2 NAME	į				
STREET ADDRESS	,			5.3 STREE	T ADDRESS				
CITY - ST - ZIP				5.4 CITY-					
TIT_E			DELETE	61 TITLE				Change	☐ Addition
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HAMI		L.) Thereis	6.2 NAME	}			_) Ondrigo	
		L-	T here is	6.2 NAME				_j Çnange	
NAME STREET ADORESS CITY - 51-21P	;	L-) There is	6.2 NAME	T ADDRESS		_		

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 33 if changed, or on an attachment with an address.

SIGNATURE:

0127861