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FILED

**Jan 17 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000040008 (0)

1. Corporation Name
JOSEPH P. KLAPHOLZ P.A.



Principal Place of Business
**2206 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

Mailing Address
**2206 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020-6702**

3. Date incorporated or Qualified **05/07/1996** 3a. Date of Last Report

2. Principal Place of Business
21 **2500 Hollywood Blvd**

2a. Mailing Address
26 **2500 Hollywood Blvd**

4. FEI Number **65-0663439** Applied For
Not Applicable

22 **SUITE 212**

27 **SUITE 212**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **HOLLYWOOD, FLORIDA**

28 **HOLLYWOOD, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33020** 25 **USA**

29 **33020** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLAPHOLZ, JOSEPH P
2206 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

81 Name **KLAPHOLZ, JOSEPH P.**
82 Street Address (P.O. Box Number is Not Acceptable) **2500 HOLLYWOOD BLVD**
83 **SUITE 212**
84 City **HOLLYWOOD** FL 85 Zip Code **33020**

11. Pursuant to the provisions of Sections 607.0502 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 *Joseph P. Klapholz*

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	<input type="checkbox"/> DELETE
NAME	KLAPHOLZ, JOSEPH P	
STREET ADDRESS	2206 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2500 HOLLYWOOD BLVD, SUITE 212
1.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33020
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Joseph P. Klapholz*, PRES

JOSEPH P. KLAPHOLZ
Date **1/9/97** Daytime Phone # **954-925-3355**

CR2E034 (9/96)