

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

FILED

Oct 16 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 # P97000073468 (5)

1. Corporation Name

C.R. KLEWIN SOUTHEAST, INC.

Principal Place of Business

155 EAST BLUE HERON BLVD.
SUITE 404
RIVIERA BEACH FL 33404

Mailing Address

155 EAST BLUE HERON BLVD.
SUITE 404
RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1997

4. FEI Number

06-1500722

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ADDISON, DAVID
155 EAST BLUE HERON BLVD.
SUITE 404
RIVIERA BEACH FL 33404

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLEWIN, CHARLES R
40 CONNECTICUT AVE.
NORWICH CT 06360

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
D'AMATO, DAVID
40 CONNECTICUT AVE.
CONNECTICUT FL 06360

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ADDISON, DAVID
155 EAST BLUE HERON BLVD.
RIVIERA BEACH FL 33404

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
SAWYER, JAMES
40 CONNECTICUT AVE.
NORWICH CT 06360

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D'Amato, Michael
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
000002666330
-10/19/98--01008--046
***558.75
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition
85
10/16

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 attachment with an address.

SIGNATURE C.R. Klewin - Southeast Inc.

CR2E034 (10/97)