

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90011 030 \*\*\*150.00

**DOCUMENT # P97000087646 (0)**

1. Corporation Name  
**K-L ENTERPRISES OF SOUTH FLORIDA, INC.**

Principal Place of Business

**2159 ANDREA LN.  
 FT. MYERS FL 33912**

Mailing Address

**2159 ANDREA LN.  
 FT. MYERS FL 33912**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/09/1997**

4. FEI Number

**65-0788365**

Applied  
 Not App

5. Certificate of Status Desired

**\$8.75** Addit  
 Fee Require

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May I  
 Added to Fee

8. This corporation owes or has paid the current year Intangib  
 Personal Property Tax due June 30.  Yes  No

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

30

9. Name and Address of Current Registered Agent

**LEVAN, TERRIS T  
 2159 ANDREA LN.  
 FT. MYERS FL 33912**

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 regi  
 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 regis  
 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

(If 111 Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DPST  
 LEVAN, TERRIS T  
 2159 ANDREA LN.  
 FT. MYERS FL 33912**

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DV  
 KRANTZ, GARY  
 8758 CRIMSON CLOVER LN  
 LONGMONT CO 80503**

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

13.

11 TITLE  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

Change

21 TITLE  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP

Change

31 TITLE  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

Change

41 TITLE  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

Change

51 TITLE  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

Change

61 TITLE  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-ST-ZIP

Change

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the info  
 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 a  
 officer or director of the corporation or the receiver of the corporation is duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appear  
 Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Terris T. Levan*  
**TERRIS T. LEVAN**

**4/19/99**

**941-482-4580**

Typed

Daytime Phone # 042