

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 16 1997 8:00am  
Secretary of State

DOCUMENT # H20906 (4)

1. Corporation Name  
JACK KLEIN ASSOCIATES, INC.

Principal Place of Business  
6837 VISTA PKWY N  
WEST PALM BEACH FL 33411  
US

Mailing Address  
6837 VISTA PKWY N  
W PALM BCH FL 33411-2710  
US



3. Date Incorporated or Qualified 09/10/1984	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2471845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

KLEIN, JOHN C., JR.  
6837 VISTA PKWY N  
W PALM BCH FL 33411

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	KLEIN, JOHN C., JR.	
STREET ADDRESS	5512 WHITESANDS COVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	CMV	<input type="checkbox"/> DELETE
NAME	KLEIN, JACK C.	
STREET ADDRESS	8631 GRASSY ISLE TRAIL	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPILLANE, JOHN P.	
STREET ADDRESS	12788 W FOREST HILL BLVD, STE 2005	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLEIN, RUTH A.	
STREET ADDRESS	8631 GRASSY ISLE TRAIL	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUEN, W.P. KLEIN	
STREET ADDRESS	5512 WHITE SANDS COVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAWE, CARL F	
STREET ADDRESS	15478 80TH DR N	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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

*[Signature]*

*[Signature]*

CR2E034 (9/96)