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04-14-1999 90174 019 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700067699

Country

1208 MARINE WAY #901 NORTH PALM BEACH FL 33408

1. Corporation Name

22

23

24

Zip

City & State

JON KLINE INCORPORATED

Principal Place of Business	Mailing Address				
1208 MARINE WAY #901 NORTH PALM BEACH FL 33408	1208 MARINE WAY #901 NORTH PALM BEACH FL 33408				
2. Principal Place of Business	2a. Mailing Address				
21	26				
Suite Ant # etc	Suite Apt # etc.				

30 25 29 9. Name and Address of Current Registered Agent KLINE, JON W

28

City & State

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Not Applicable 65-0772476 \$8.75 Additional 5. Certificate of Status Desired Fee Required

3. Date Incorporated or Qualifed

08/04/1997 4. FEI Number

> lection Campaign Financing rust Fund Contribution his corporation owes the current year Intangible

\$5.00 May Be Added to Fees

Applied For

Personal Property Tax.	☐ Yes	No
Name and Address of New Rec	istered Agent	
•		
P.O. Box Number is Not Acceptable	<u> </u>	
.O. Box (valided to red) Acceptable	-,	

1	•				,							
	82	Street Address (P.O. Box Number is Not Acceptable)									•	
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	83						.:					
Ì	84	City					,		FL	85	Zip Code	
_												2504

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 register 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.

Co

CICNATUDE	100	JON KLINE	RA	•		4/1/	79	
SIGNATURE	Signature, yped or printed name of registered agent and tit		gistered Agent signature req	uired when reinstating)		DATE	-	
12.	OFFICERS AND DIF	RECTORS	13.	ADDITIONS/	CHANGES TO	OFFICERS A		
TITLE	P V.	☐ DELETE	1.1 TITLE		•		Change	☐ Addition
NAME	KLINE, JON W		1.2 NAME					
STREET ADDRESS	1208 MARINE WAY #901		1.3 STREET ADDRESS	•				
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		1.4 CITY-ST-ZIP					
TITLE .		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	,		2.2 NAME					l l
STREET ADDRESS		, · · +	2.3 STREET ADDRESS		,			
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NAME			3.2 NAME					
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TITLE		☐ DELETE	4.1 TITLE				Change	Addition (
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					i
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		•		Change	☐ Addition
NAME .			5.2 NAME					
STREET ADDRESS	,		5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP		•	 		
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME :			6.2 NAME		-			ļ
STREET ADDRESS		•	6.3 STREET ADDRESS		•			
CITY OT THE			6.4 CITY-ST-ZIP					1

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, with all other like empowered.

SIGNATURE: