FILED

Apr 21, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 543070

1. Corporation Name

KLS ENTERPRISES, INC.

Principal Place of Business Mailing Address						
4056 N.E. 5TH TERR. 4056 N.E. 5TH TERR.						
P.O. BOX 9566 P.O. BOX 9566						DO NOT IMPLIE IN THE SPACE
FT LAUDERDALE FL 33310 FT LAUDERDALE FL 33310						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						08/16/1977
2. Principal Pl	2a. Mailing Address	Mailing Address			4. FEI Number Applied For	
21						59-1766057 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22						5. Certificate of Status Desired Fee Required
City & State	9	City & State				_ 6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible
24	25	29 3	30			Personal Property Tax. Yes No
9. Name and Address of Current Registered Agent 10. Na						10. Name and Address of New Registered Agent
				81	Name	
MANASSEH, CHARLES				82	Charat 6	Address (P.O. Box Number is Not Acceptable)
6863 NW 24 TH WAY				82	Sueer	Address (F.O. Box Nulliber is Not Acceptable)
FTL	AUDERDALE FL 33309			83		
	•					
			ſ	84	City	85 Zip Code
	60 607 050	0 and CO7 4500 Florido Statutos	the el	201/0	namod (Corporation submits this statement for the purpose of changing its registered
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						required when reinstaling) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				Agen	t signature re	todated trice, remeating)
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	PD	☐ DELETE	1.1 TII			
NAME	WALASCHEK, KENNETH P.		1.2 NA		l	
STREET ADDRESS	775 NE 40TH ST		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	<u> </u>	1.4 CF	TY-\$1	1-21P	
ΠΠLE	ν .	☐ DELETE	2.1 TIT	LΕ		☐ Change ☐ Addition
NAME 1	MANASSEH, CHARLES		2.2 NA	ME		}
STREET ADDRESS	6863 NW 24 TH WAY		2.3 ST	REET	ADDRESS	
City-St-ZIP	FT LAUDERDALE FL		2. 4 C	TY-S	T-ZIP	
TITLE		☐ DELETE	3.1 TI			☐ Change ☐ Addition
NAME		· · · · · · · · · · · · · · · · · · ·	3.2 NA	ME	***	
	, - , -	•		_	ADDRESS	
STREET ADORESS	,					
CITY-ST-ZIP			3.4. CI 4.1 TT		1-219	☐ Change ☐ Addition
TITLE		□ 050515			İ	
NAME			4. 2 N		Į	·
STREET ADDRESS					ADDRESS	3
CITY-ST-ZIP	·		4.4 CI		Γ-ZIP	Channe C Addition
TITLE		☐ DELETE	5.1 TT			☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 \$7	REET	ADDRESS	3
CITY-ST-ZIP			5.4 CI	TY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TI	īLΕ		. Change Addition
			6.2 NA	ME		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP