FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:25

DOCUMENT # **603372** **(4)**

1. Corporation Name
JULES KLEIN, P. A.

Principal Place of Business	Mailing Address
1490 W. HIGHWAY 434 LONGWOOD FL 32750	1490 W. HIGHWAY 434 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/15/1972**
3a. Date of Last Report: **01/31/1994**

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

4. FEI Number: **59-1380006** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KLEIN, J.
1490 W. HIGHWAY 434
LONGWOOD FL 32750

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 this 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) (Name of Registered Agent (typed or printed) Address (number and street)) (City)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 Title	☐ Change ☐ Addition
NAME	KLEIN, JULES	12 Name	
STREET ADDRESS	1490 W HIGHWAY 434	13 Street Address	
CITY-ST-ZIP	LONGWOOD, FL 00000	14 City-St-Zip	
TITLE	D	21 Title	☐ Change ☐ Addition
NAME	COHEN, ALBERT	22 Name	
STREET ADDRESS	4923 BAYWAY DRIVE	23 Street Address	
CITY-ST-ZIP	TAMPA, FL 00000	24 City-St-Zip	
TITLE		31 Title	☐ Change ☐ Addition
NAME		32 Name	
STREET ADDRESS		33 Street Address	
CITY-ST-ZIP		34 City-St-Zip	
TITLE		41 Title	☐ Change ☐ Addition
NAME		42 Name	
STREET ADDRESS		43 Street Address	
CITY-ST-ZIP		44 City-St-Zip	
TITLE		51 Title	☐ Change ☐ Addition
NAME		52 Name	
STREET ADDRESS		53 Street Address	
CITY-ST-ZIP		54 City-St-Zip	
TITLE		61 Title	☐ Change ☐ Addition
NAME		62 Name	
STREET ADDRESS		63 Street Address	
CITY-ST-ZIP		64 City-St-Zip	

14. I/We hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemptions 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: Jules Klein · JULES KLEIN PRES. 1/9/95 (407)834-6662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

0040720 CP