**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90005 049 \*\*\*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 # COOR

1. Corporation	I KLEIN BUYING ASSOCIAT	ES, INC.			
Principal Place	of Rusiness	Mailing Address			T (80)(8 0)(60) (100) (0)(0) (100) (100) (100) (100) (100) (100) (100) (100)
Principal Place of Business  1435 BREAKWATER TERRACE HOLLYWOOD FL 33019		1435 BREAKWATER TERRACE HOLLYWOOD FL 33019 US			DO NOT WRITE IN THIS SPACE
US		03			3. Date Incorporated or Qualifed 07/06/1979
2 Principal Pl	ace of Business	2a, Mailing Address			4, FEI Number Applied For
		<del>-</del>			<b>59-1932818</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip 29 30	Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent
			81	Name	
DONOFF, CRAIG, ESQ.			92	Street Ad	Idroce (B.O. Boy Number is Not Acceptable)
18301 BISCAYNE BLVD NORTH MIAMI BEACH FL 33160  82 Street Address (P.O. Box Number is Not Acceptable)  83					
NOR	TH MIAMI BEACH FL 33160		83		
}			84	City	■■ 85 Zip Code
			l i	•	FL ;
office or re agent. I ar	o the provisions of Sections 607.0502 agistered agent, or both, in the State on a familiar with, and accept the obligat	of Florida. Such change was autr	norized by	tne corpora	propration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	and title if spolicable. (NOTE: Ro	egistered Agen	l signature requ	uired when reinstating) DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN, MORTON		1.2 NAME		
STREET ADDRESS	2025 N.E. 198 TERR	TERR :		ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY-ST	T-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN, JEAN B.		2.2 NAME		
STREET ADDRESS	2025 N.E. 198 TERR		2.3 STREET	ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL		2. 4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S	T- ZIP	☐ Change ☐ Addition
TITLE		C) DELETE	4.1 TITLE 4.2 NAME		·
NAME			4.2 NAME	**************************************	
STREET ADDRESS			4.3 STREET		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	1-21	☐ Change ☐ Addition
NAME			5.2 NAME	}	
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST	r-ZŧP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

07 1999