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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 647210

1. Corporation Name

IRWIN M KLAIL MO PA

## **FILED** Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90016 024 \*\*\*150.00



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NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 3											
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							3. Date Incorporated or 11/26/1979	r Qualifed			
2, Principal P	Place of Business	2a. Mailing	Address				4. FEI Number			Α	pplied For
21 26			•			59-19551 <u>23</u>			N	ot Applicable	
Suite, Apt.	#, etc.	— — ·	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required					
City & Stat	te	City &	State				6. Election Campaign I	Financing		\$5.00	May Be
23		28					Trust Fund Contribu			Added	to Fees
Zip	Country	Zip		Country	гу		8. This corporation ow	es the cum	ent year Int	angible	
24	25	29		30			Personal Property T		•	☐Yes	<b>∑</b> (No _
	g. Name and Address of Cur		gent	<del></del>			10. Name and Address	of New R	tegistered	Agent	
				81	1 N	Name					•
	RDON, HOWARD W.			-	<u>,                                    </u>	Charat Addes	ess (P.O. Box Number is N	ot Acconta	bla)		
2035	5 N.E. 201ST TERRACE			82	د (۲	Street Addre	ess (P.O. Box Nulliber is in	ioi Accepia	, , , , , ,		
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14. I hereby certify that the information supplied with this filling 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:

SIGNATURE SELENCE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR