

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 27 AM 8:18

DOCUMENT # 671484 (4)

1. Corporation Name

ALFRED E. KLEIN & ASSOCIATES, INC.

Principal Place of Business

1761 W HILLSBORO BLVD 408
DEERFIELD BEACH FL 33442

Mailing Address

1761 W HILLSBORO BLVD 408
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/28/1980

3a. Date of Last Report

06/15/1994

2. Principal Place of Business

21

2a. Mailing Address

25

4. FEI Number

59-2008078

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, ALFRED E.
1761 W HILLSBORO BLVD. 408
DEERFIELD BEACH FL 33442

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 the 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.

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

PTD
KLEIN, ALFRED E.
1761 W HILLSBORO BLV 408
DEERFIELD BEACH FL

1.1 TITLE
1.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME

VSD
KLEIN, BARBARA J.
1761 W HILLSBORO BLV 408
DEERFIELD BEACH FL

2.1 TITLE
2.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME

3.1 TITLE
3.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME

4.1 TITLE
4.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME

5.1 TITLE
5.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME

6.1 TITLE
6.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statute. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFRED E. KLEIN

1/24/95 (308) 428-8078