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**Apr 07, 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 # **684490**

1. Corporation Name  
**FREDERIC M. KLEIN, P.A.**

Principal Place of Business  
 2101 CORPORATE BLVD  
 SUITE 204  
 BOCA RATON FL 33431  
 US

Mailing Address  
 2101 CORPORATE BLVD  
 SUITE E204  
 BOCA RATON FL 33431  
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/15/1980**

4. FEI Number  
**59-2015497**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 2295 Corporate Blvd

2a. Mailing Address  
 26

Suite; Apt. #, etc.  
 22 Ste 145

City & State  
 23 Boca Raton, FL

Zip Country  
 24 33431 25 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, FREDERIC M**  
**2101 CORPORATE BLVD**  
**SUITE 204**  
**BOCA RATON FL 33431**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **PD KLEIN, FREDERIC M**  
 STREET ADDRESS **2101 CORPORATE BLVD #204**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME **PD Klein, Frederic M.**  
 1.3 STREET ADDRESS **2295 Corporate Blvd Ste 145**  
 1.4 CITY-ST-ZIP **Boca Raton, FL 33431**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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.

SIGNATURE: **Frederic M. Klein** *Frederic M. Klein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

(361) 997 1180

Date

Daytime Phone #

CR2E034 (11/98)