

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 12: 14
APR -5 AM 12: 36

DOCUMENT # **F87832** (4)
1. Corporation Name
STANLEY KLEEMAN, INC.

Principal Place of Business Mailing Address
840 US HWY 1, SUITE 450 **840 US HWY 1, SUITE 450**
NO PALM BEACH 33408 **NO PALM BEACH 33408**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1982	3a. Date of Last Report 02/15/1994
21	Suite, Apt. #, etc.			4. FEI Number 59-2250497	Applied For Not Applicable
22	City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	25	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KLEEMAN, E.S. 840 US HWY 1, SUITE 450 NO. PALM BCH FL 33408				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				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 re-appointing.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEEMAN, E S	12 NAME	
STREET ADDRESS	100 LAKESHORE DR #651	13 STREET ADDRESS	
CITY - ST - ZIP	N PALM BEACH, FL 00000	14 CITY - ST - ZIP	
TITLE	T	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEEMAN, E S	22 NAME	
STREET ADDRESS	100 LAKESHORE DR #651	23 STREET ADDRESS	
CITY - ST - ZIP	N PALM BEACH, FL 00000	24 CITY - ST - ZIP	
TITLE	VS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEEMAN, SYLVIA	32 NAME	
STREET ADDRESS	100 LAKESHORE DR #651	33 STREET ADDRESS	
CITY - ST - ZIP	N PALM BEACH, FL 00000	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated in 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; that I am 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 newly added with an address.

SIGNATURE: *E. S. Kleeman*
Signature, typed or printed name of registered agent and title if applicable. DATE: _____