May 10, 1999 8:00 am Secretary of State

05-10-1999 90135 025 \*\*\*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 # **J66706**

1. Corporation Name

KLEMANN ENTERPRISES INCORPORATED

													4181     1881    6181     1881	
Principal Place of Business Mailing Address								<u> </u>		JAR DIA DIAN DA	DII DIEK			
% BERNARD J. KLEMANN		_	% BERNARD J. KLEMANN											
1201 67TH ST. N.			1201 67TH ST. N.											
ST. PETERSBU	RG FL 33710	ST. PET	ST. PETERSBURG FL 33710					DO NOT WRITE IN THIS SPACE						
								3. Date Incorporated of	or Qualifed					
			11: 6-4					04/13/1987 4. FEI Number			$\overline{}$	Ann	lied For	
<del>-</del>	lace of Business	<del> </del>	2a. Mailing Address					59-2781859						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					39 270 1033	···		\$8		Iditional	
<del></del>		<b>⊢</b> ¬	27					5. Certifcate of Status	Desired			e Req		
City & State			City & State					6. Election Campaign	Financing		\$5	.00 N	lay Be	
23	-	28	28					Trust Fund Contribu	_		,	ded to	- 1	
Zip	Country	Zip						8. This corporation owes the current year Inta						
24	25	25 29 30				Personal Property Tax.				Yes No				
	9. Name and Address of Curre	nt Registere	d Agent		L_			10. Name and Addres	s of New I	Registered /	Agent			
L/1 =1	AANN PERMARO				81	Nam	9							
KLEMANN, BERNARD J.					82	Stree	t Addr	dress (P.O. Box Number is Not Acceptable)						
	. 67TH ST. N. PETERSBURG FL 33710													
\$1.	PETERSBURG FL 337 IV				83									
					84	City			<del>.</del>		85	Zip Co	de	
	<u></u>					·				FL		14		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	i02 and 607.15 e of Florida. S	508, Florida Statut Juch change was a	es, the a juthorized	ibove d bv	-name	d corpo	oration submits this statem on's board of directors. I he	ent for the ereby acce	purpose of pt the appoir	cnangii ntment	ng its r as regi	stered	
agent. I a	m familiar with, and accept the oblig	ations of, Sec	tion 607.0505, Flo	rida Stat	utes		-							
SIGNATURE										DATE			\	
40	Signature, typed or printed name of registered ag	gent and title if applic	<u> </u>	: Registered	1 Agen	it signatui	a required	d when reinstating) ADDITIONS/CHANG	ES TO OF		D DIR	CTOF	S IN 12	
TITLE	P	IND DIRECTO	DELETE	1,1 Ti	TLE		$\top$	7,001,10,10,0,0,0,0,0			☐ Ch		Addition	
NAME	KLEMANN, BERNARD J.		_	1.2 N										
STREET ADDRESS	1201 67TH ST. N					ADDRES	s							
CITY-ST-ZIP	ST. PETERSBURG FL				ITY-S'									
TITLE			☐ DELETE	2.1 T			$\top$				☐ Ch	ange	☐ Addition	
NAME				2.2 N	AME								Ì	
STREET ADDRESS				2.3 S	TREET	ADDRES	s							
CITY-ST-ZIP				2.40	CITY-S	T-ZIP	<u> </u>							
TITLE			☐ DELETE	3.1 T	TLE						☐ Ch	ange	Addition	
NAME				3.2 N	AME									
STREET ADDRESS				3.3 S	TREE	ADDRES	s						Ì	
CITY-ST-ZIP				3.4. 0	TY-S	T-ZIP								
TITLE			☐ DELETE	4.1 ⊞	ITLE						☐ Ch	ange	Addition	
NAME				4.21	IAME									
STREET ADDRESS				4.3 S	TREE	ADDRES	s							
CITY-ST-ZIP					ΠY-\$	T-ZIP	↓—			<del></del>	FT 04		☐ Addition	
TITLE			☐ DELETE	5.1 T							□ Ch	ange	Addition	
NAME				5.2 N										
STREET ADDRESS						FADDRES	8							
CITY-ST-ZIP				5.4 C	ITY-S	1-ZP	+-				☐ Ch	ange	Addition	
TITLE			☐ DELETE	6.1 I								ange		
NAME						T ADORES							į	
STREET ADDRESS	1			<b>=</b> 0.33			~ )							

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

NG OFFICER OR DIRECTOR