

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K07367 (1)

1. Corporation Name

BOB KLEIN & ASSOCIATES, INC.



Principal Place of Business

~~1450 NW 18TH AVE.~~
~~STE. 103~~
~~DELRAY BEACH FL 33445~~

Mailing Address

~~1450 NW 18TH AVE.~~
~~STE. 103~~
~~DELRAY BEACH FL 33445~~

2. Principal Place of Business

21 1361 NW 20th Ave

Suite, Apt. #, etc.

22 103

City & State

23 Delray Beach

Zip

24 33445

Country

25 Palm Beach

2a. Mailing Address

26 1361 NW 20th Ave

Suite, Apt. #, etc.

27 103

City & State

28 Delray Beach

Zip

29 33445

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

KLEIN, ROBERT M.
~~1445 NW 18TH AVE.~~ 1361 NW 20th Ave
SUITE 103
DELRAY BEACH FL 33445

3. Date Incorporated or Qualified 12/16/1987

3a. Date of Last Record 03/16/1995

4. FCI Number 65-0018191

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

Robert M. Klein Pres.

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent Signature required when new filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME KLEIN, ROBERT M
STREET ADDRESS 1445 NW 18TH AVE., STE. 103
CITY-STATE-ZIP DELRAY BEACH FL 33445

TITLE VP ☒ DELETE

NAME KLEIN, HELEN
STREET ADDRESS 1445 NW 18TH AVE., STE. 103
CITY-STATE-ZIP DELRAY BEACH FL 33445

TITLE ☐ DELETE

NAME ROBERT M. KLEIN
STREET ADDRESS 1361 NW 20th Ave
CITY-STATE-ZIP Delray Beach, FL 33445

TITLE ☐ DELETE

NAME HELEN KLEIN
STREET ADDRESS 1361 NW 20th Ave
CITY-STATE-ZIP Delray Beach, FL 33445

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 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.

SIGNATURE:

Robert M. Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/96 407 272 8194

CR2E034 (12/95)