FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

DELRAY BEACH FL 33445

2. Principal Place of Business

Suite, Apl. #, etc

City & State

1361 NW 20TH AVE

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ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Country

9. Name and Address of Current Registered Agent

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DELRAY BEACH FL 33445

KLEIN, ROBERT M. 1361 NW 20TH AVE

SUITE 103

Mailing Address

1361 NW 20TH AVE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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DELRAY BEACH FL 33445

BOB KLEIN & ASSOCIATES, INC.

FILED Apr 13 1998 8:00am Secretary of State

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Zip Code

		DI						
	DO NOT WRITE IN THI	DO NOT WRITE IN THIS SPACE						
	3. Date Incorporated or Qualified							
	12/16/1987							
•	4, FEI Number	Applied For						
	65-0018191	Not Applicable						
	5. Certificate of Status Desired	\$8.75 Additional Fee Required						
	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees						
Y	This corporation owes or has paid the c Personal Property Tax due June 30.	current year Intangible						
	10. Name and Address of New Registere	d Agent						

Street Address (P.O. Box Number is Not Acceptable)

F 11. Pursuant to the provisions of Sections 607.05.02 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

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agent. Lam fagiliar with sind agrees) the obligations of, Section 607,0505, Florida Statutes										
SIGNATURE	Skynature, typicd or peinted raune of region reed a per and oth it applied in	ROBERT (NOTE: R		1 vicusing when roinstating)	Apal 4	, 1998				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	P] DELETE	1.1 TITLE			☐ Change	Addition			
NAME	klein, robert m		1.2 NAME							
STREET ADDRESS	1361 NW 20TH AVE		1.3 STREET ADDRESS							
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CHY-ST-ZIP							
TITLE	VP [DELETE	211011.6			Change	Addition			
NAME	klein, helen		2.2 NAME							
STREET ADDRESS	1361 NW 20TH AVE		23 STREET ADDRESS							
CITY-ST-ZIP	DELRAY BEACH FL 33445		2 4 CITY-ST-7IP							
TITLE		DELETE	3 1 THILE			Change	Addition			
NAME			3.2 NAME]			
STREET ADDRESS			3 3 STREET ADDRESS				ĺ			
CITY - ST - ZIP			3 4. CITY - ST - 7IP							
TITLE	-	☐ DELETE	4.1 THI E			Change	☐ Addition			
NAME			4. 2 NAME				1			
STREET ADDRESS			4.3 STREET ADORESS							
City-St-Zip			4.4 C(TY+ST+Z(P							
TITLE		DELETE	5.1 TITLE			Change	Addition			
NAME			5.2 NAME	4						
STREET ADDRESS			5.3 STREET ADDRESS	·						
CITY - ST - ZIP			5.4 CITY - \$1 - ZIP	 						
TITLE	[DELETE	6.1 TITLE			Change	Addition			
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY CT. 710			EACITY OF 710							

14. Thereby 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 of 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 changes, or in an attachment with an address.