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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K68098

(8)

KLEINCO, INC.

FILED

Apr 14 1998 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address			1 100(0)/4 810 0(101 /0)(1 00(10 (0)	MA NOTE REALT BINGS ANDS	MINN MANN BIRAN IMBN
% JANICE	C PEARCE	% JANICE C PEARCI	F				
6064 W MCNAB RD NORTH LAUDERDALE FL 33068 US		8084 W MCNAB RD NORTH LAUDERDALE FL 33068					
				DO NOT WRITE IN THIS SPACE			
US		U\$			3. Date Incorporated or Qualified		
9 Principal P	lace of Business	2a, Mailing Address			02/20/1989 4. FEI Number	г	Applied For
21 162	19 SW 81 STAVE	26 1629 9	W 813	THUE.	65-0098839	-	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	W DI			\$8	.75 Additional
22		27			5. Certificate of Status Desired	1 1	ee Required
City & State	6111	City & State		ر مسہ ر	6. Election Campaign Financing	\$!	5.00 May Be
23 Non	th KAUDEMDAL FL	28 Norath LA	VOERITAL	E 14	Trust Fund Contribution		dded to Fees
Zip	Country U.S.A	710 0 10	Country	1100	8. This corporation owes or has p	aid the current ye	
24 226	25 25 A	29 77 V W D	30	<i>//·Z·/</i> /1·	Personal Property Tax due Jun		
	g. Name and Address of Current	Registered Agent		**************************************	10. Name and Address of New R	legistered Agent	
	KLEIN, JANICE C.		81	Name			
	900 NE 30TH ST. APT 8H		62	Street Addr	ess (P.O. Box Number is Not Accepta	able)	
F	T. LAUDERDALE FL 33306-8903		83				
			53				
			84	City		FL 85	Zip Code
44 Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Stat	utos the above	anamad corn	poration submits this statement for the		aina ite registered
office or re	egistered agent, or both, in the State om in familiar with, and accept the obligat	f Horida, Such change was ions of, Section 607,0505. I	s authorized by Florida Statutos	the corporati	ion's board of directors. I hereby acco	ept the appointme	ent as registered
•	in familiar with, this accept the congre		nonda Olmoles	٠,			
SIGNATURE	Signature, typed or printed name of requirered agent		OTI Registered Age		od when reinslating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent OF FICERS AND	rest litte it applicable (NO DIRECTORS			od when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
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