Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90051 012 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # NAOO

| <ol> <li>Corporation</li> </ol>       | ERVICE BY KLEMA, INC.   | 4                                    |                               |  |                             |               |
|---------------------------------------|---|--------------------------------------|-------------------------------|--|-----------------------------|---------------|
| Principal Place                       | of Business   | Mailing Address                      |                               |  | 711 G1911 21311 21211 G1811 | 14 97971 1491 |
| 18895 SW 280 ST 18620 SW 244 ST       |   |                                      |                               | •  |                             |               |
| HOMESTEAD FL 33031 HOMESTEAD FL 33031 |   | HOMESTEAD FL 33031                   |                               | DO NOT WRITE IN T  | HIS SDACE                   |               |
|                                       |   |                                      |                               | 3. Date Incorporated or Qualifed   | 113 SPACE                   |               |
|                                       |   |                                      |                               | 03/11/1986   |                             | 1             |
|                                       | Photos  | 2a. Mailing Address                  |                               | 4. FEI Number  | Anni                        | lied For      |
|                                       | lace of Business  | 26. Walling Address                  |                               | 59-2647572   |                             | Applicable    |
| Suite, Apt.                           | # etc   | Suite, Apt. #, etc.                  | - 11 - 1                      |  | \$8.75 Ad                   |               |
| <del>-</del> -                        | m, 010.   | 27                                   |                               | 5. Certifcate of Status Desired  | Fee Requ                    | uired         |
| 22   27   City & State   City & State |   |                                      |                               | 6. Election Campaign Financing   | \$5.00 M                    | lav Be        |
| 23 28                                 |   | 28                                   |                               |  | Added to                    |               |
| Zip                                   | Country   | Zip                                  | Country                       | 8. This corporation owes the current year  |                             | j             |
| 24                                    | 25  | 29                                   | 30                            | Personal Property Tax.   |                             | □No           |
|                                       | 9. Name and Address of Curr   | ent Registered Agent                 |                               | 10. Name and Address of New Register   | ed Agent                    |               |
|                                       |   |                                      | 81 Name                       |  |                             | .             |
| KLEMA, JAN                            |   |                                      | 82 Street                     | Address (P.O. Box Number is Not Acceptable)  |                             | <del></del>   |
| 18620 SW 244 ST                       |   |                                      |                               |  |                             |               |
| HOMESTEAD FL 33031                    |   |                                      | 83                            |  |                             |               |
|                                       |   |                                      | 84 City                       |  | 85 Zip Co                   | ode           |
|                                       |   |                                      |                               |  |                             |               |
| office or r                           | to the provisions of Sections 607.0<br>egistered agent, or both, in the Stat<br>m familiar with, and accept the obli- | e of Florida. Such change was au     | rnorizea dy the corbo         | corporation submits this statement for the purpose<br>oration's board of directors. I hereby accept the ap | pointment as regis          | stered        |
| SIGNATURE                             | Signature, typed or printed name of registered a  | pent and title if applicable. (NOTE: | Registered Agent signature re | equired when reinstating) DATE   |                             |               |
| 12.                                   |   | AND DIRECTORS                        | 13.                           | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTOR                | S IN 12       |
| TITLE                                 | PSD   | ☐ DELETE                             | 1,1 TITLE                     |  | ☐ Change                    | ☐ Addition    |
| NAME                                  | KLEMA, JAN  |                                      | 1.2 NAME                      |  |                             |               |
| STREET ADDRESS                        | 18620 SW 244 ST   |                                      | 1.3 STREET ADDRESS            |  |                             | Ì             |
| CITY-ST-ZIP                           | HOMESTEAD FL  |                                      | 1.4 CITY-ST-ZIP               |  |                             |               |
| TITLE                                 | VTD   | ☐ DELETE                             | 2.1 TITLE                     |  | ☐ Change                    | ☐ Addition    |
| NAME                                  | KLEMA, ELAINE M.  |                                      | 2.2 NAME                      |  |                             | }             |
| STREET ADDRESS                        | 18620 SW 244 ST   | •                                    | 2.3 STREET ADDRESS            |  |                             |               |
| CITY-ST-ZIP                           | HOMESTEAD FL  |                                      | 2.4 CITY-ST-ZIP               |  | . ,                         |               |
| TITLE                                 |   | ☐ DELETE                             | 3.1 TITLE                     |  | Change                      | ☐ Addition    |
| NAME                                  |   |                                      | 3.2 NAME                      |  |                             | ,             |
| STREET ADDRESS                        |   |                                      | 3.3 STREET ADDRESS            |  | ar is a war or all          |               |
| CITY-ST-ZIP                           | -   |                                      | 3.4. CITY-ST-ZIP              |  |                             | 21.5          |
| TITLE                                 |   | ☐ DELETE                             | 4.1 TITLE                     | f far  | Change :                    | Addition      |
| NAME                                  |   |                                      | 4. 2 NAME                     | ·  | ,                           |               |
| STREET ADDRESS                        |   |                                      | 4.3 STREET ADDRESS            |  | 2                           |               |
| CITY-ST-ZIP                           |   |                                      | 4.4 CITY- ST- ZIP             |  |                             |               |
| TITLE                                 |   | ☐ DELETE                             | 5.1 TITLE                     |  | ☐ Change                    | ☐ Addition    |
| NAME                                  |   |                                      | 5.2 NAME                      |  |                             | 1             |
| STREET ADDRESS                        |   |                                      | 5.3 STREET ADDRESS            | · · .  |                             | ĺ             |
| CITY-ST-ZIP                           |   |                                      | 5.4 CITY-ST-ZIP               |  |                             |               |
| TITLE                                 | , .   | ☐ DELETE                             | 6.1 TITLE                     |  | . Change                    | ☐ Addition    |
| NAME                                  | •   |                                      | 6.2 NAME                      |  |                             | .             |
| CYDEET ADDRESS                        |   |                                      | 16.3 STREET ADDRESS           |  |                             |               |

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