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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

**FILED** Apr 21 1998 8:00am Secretary of State

G.D.I	KLIEGER, INC.				
	•			A AMARANA AMARAN MARAN MARA	i de la delle dade dia la della la de
Principal Plac	e of Business	Mailing Address			ileri aram oldir blad bieli ladı
1909 HARRIS		1909 HARRISON ST.			
SUITE 204		SUITE 204			
HOLLYWOOD FL 33020		HOLLYWOOD FL 33020		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
				01/16/1987	
	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21	·····	26		65-0000736	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		-	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	<del>*************************************</del>	[28]		Trust Fund Contribution	Added to Fees
Zip	Country	Zíp	Country	8. This corporation owes or has paid the o	
24	25		30	Personal Property Tax due June 30.	Yes No
<u> </u>	g, Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Registere	d Agent
	JEGER, GERSHON		1 IVAILIE		
8300 SW 92ND TERRACE			82 Street Addre	ress (P.O. Box Number is Not Acceptable)	
MI	AMI FL 33156				
			83		
			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
		····		F	<u>L                                     </u>
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 a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.	notes board of directors. Thereby decept the a	ppolitimont as registeres.
SIGNATURE					
10	Signature, typed or printed name of registered age		Registered Agent signature require		
12. TITLE	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
	KLIEGER, GERSHON	L. Dette it	1.1 TITLE		Change L Addition
NAME	1909 HARRISON ST STE 204	ı	1.2 NAME		
STREET ADDRESS	HOLLYWOOD FL	1	1.3 STREET ADDRESS		1
CITY-ST-ZIP	T	☐ DELETE	1.4 CITY - ST - ZIP		Change Addition
THILE	KLIEGER, GERSHON		2 1 TITLE		Change L. Addition
NAME	1909 HARRISON ST STE 204	ı	2.2 NAME		
STREET ADDRESS	HOLLYWOOD FL	1	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLINOOD FL	DELETE	2. 4 CITY - ST - ZIP		TT Access TT Addition
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP		Thrust	3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		T or ere	4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	5 1 TATLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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.