

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M52236**

(0)

1. Corporation Name

KLEIN AND FORTUNE, P.A.



Principal Place of Business

Mailing Address

**C/O RONALD KLEIN
901 N.E. 125TH ST
NORTH MIAMI FL 33161**

**C/O RONALD KLEIN
901 N.E. 125TH ST
NORTH MIAMI FL 33161**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**KLEIN, RONALD
901 N.E. 125TH ST
NORTH MIAMI FL 33161**

3. Date Incorporated or Qualified
05/18/1987

3a. Date of Last Report
02/08/1995

4. FEI Number
59-2812121

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 607.07(1)(b) and 607.15(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address listed above, 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 607.05(2), Florida Statutes.

Signature

Date

12. OFFICERS AND DIRECTORS

12a

12b

12c

12d

12e

12f

12g

12h

12i

12j

12k

12l

12m

12n

12o

12p

12q

12r

12s

12t

12u

12v

12w

12x

12y

12z

**DPS
KLEIN, RONALD
901 N.E. 125TH ST
NORTH MIAMI FL
VPTD
FORTUNE, MELODY
901 N.E. 125TH ST.
NORTH MIAMI FL 33161**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied to the Florida Department of State is true and correct, and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. Further, I 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. I am an officer or director of the corporation, or the registered agent 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 of this report, or on an attached sheet, in an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Klein

1/29/96

305-891-6100

CR2E034 (12/95)