FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 2 2 V519 OF CORPORATIONS 199663-14.96 P15576 **DOCUMENT #** STANLEY S. KLUSNER CORP. Pricopal Phase of Business Mailing Artdress 10275 COLLINS AVENUE 10275 COLLINS AVENUE #1131 #1131 BAL HARBOUR,F L. 33154 BAL HARBOUR,F L. 33154 3. Date Incorporated or Qualified 3a. Date of Last Report 08/12/1987 03/13/1995 2 Princepal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 13-2539229 Not Applicable State, Apr. 4. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required Oty & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 200 Country This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FEINMAN, STEVEN A. Street Address (P.O. Box Number is Not Acceptable) 82 2122 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 83 84 City Zip Code 11. Pursuant to the previsions of Sections 697,0502 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 am Junt accept the obligations of, Section 607,0506, Florida Statutes. SIGNATURE at when remutating DATE CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 101.4 PTS DELETE 1 1 7/11/8 ☐ Change ☐ Addition 1,344 KLUSNER, STANLEY S. 1.2 NAME 10275 COLLINS AVENUE 1.3 STREET ADORESS **BAL HARBOUR FL** 1.4 CITY - ST- ZIP 1111 STD DELFTE 2.1 TITLE Change ☐ Addition KLUSNER, PHYLLIS 2.2 NAME 10275 COLLINS AVENUE 59-11 ADDRESS 2.3 STHEET ADDRESS BAL HARBOUR FL CHY SI ZE 2.4 CITY - ST- ZIP 111, F DELETE 3 1 TIFLE Change ☐ Addition 3.2 NAME STREET ACORESS 3.3 STREET ADDRESS CB 51.78 3.4 CITY ST-ZIP 2013 [] DELETE 4 ! THILE ☐ Change ☐ Addition nass. 4.2 NAME S. RELLABORESS 4.3 STREET ADDRESS CUTY ST-ZIE 4 4 CITY - \$1 - ZIP 101.1 DELETE 5 1 TITLE ☐ Change ☐ Addition 6.365 5.2 NAME SHELARRIS 5.3 STREET ADDRESS Uli Sl-Zr 5.4 CHY+ST-7/P 7.103 DELETE 6 1 THEF Change Addition NAME 6.2 NAME STRAFFIELSS 6.3 STREET ADDRESS OTX ST 201 6.4 CHY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fronda 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 certify that I am an officer or director of the composition for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if of larged, or by an attachment with an address

SIGNATURE:

SIGNATURE AND TYP

O OF PRINTED NAME

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