

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90057 022 \*\*\*150.00

DOCUMENT # P15576

1. Corporation Name  
STANLEY S. KLUSNER CORP.

Principal Place of Business  
10275 COLLINS AVENUE  
#1131  
BAL HARBOUR, FL 33154

Mailing Address  
10275 COLLINS AVENUE  
#1131  
BAL HARBOUR, FL 33154



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/12/1987

4. FEI Number  
13-2539229

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 2401 BAYSHORE BLVD

2a. Mailing Address  
26 2401 BAYSHORE BLVD

Suite, Apt. #, etc.  
22 APT. 208

Suite, Apt. #, etc.  
27 APT. 208

City & State  
23 TAMPA FL

City & State  
28 TAMPA FL

Zip  
24 33629

Zip  
29 33629

9. Name and Address of Current Registered Agent  
FEINMAN, STEVEN A.  
2122 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
STANLEY KLUSNER  
2401 BAYSHORE BLVD.  
APT. 208  
TAMPA FL 33629

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	KLUSNER, STANLEY S.	
STREET ADDRESS	10275 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KLUSNER, PHYLLIS	
STREET ADDRESS	10275 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Stanley S. Klausner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/7/99 (813) 2589339  
Daytime Phone #

CR2E034 (11/98)