

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000068458 (7)

1. Corporation Name

THE KLOTZ CO., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:12

Principal Place of Business

4104 SW OSPREY CREEK
PALM CITY FL 34990

Mailing Address

4104 SW OSPREY CREEK
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/27/1993

3a. Date of Last Report
10/05/1994

2. Principal Place of Business

21 4651 S.W. BRANCH TER.

2a. Mailing Address

26 4651 S.W. BRANCH TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 PALM CITY FL.

27 City & State

28 PALM CITY FL.

24 Zip

24 34990

Country

25 MARTIN

Zip

29 34990

Country

30 MARTIN

4. FEI Number
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

KLOTZ, DORIS
4104 SW OSPREY CREEK
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name

DORIS KLOTZ

82 Street Address (P.O. Box Number is Not Acceptable)

4651 S.W. BRANCH TER.

83

84 City

PALM CITY

FL

85 Zip Code

34990

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

Doris Klotz

Signature, typed or printed name of registered agent and the corporation.

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D
NAME KLOTZ, DORIS
STREET ADDRESS 4104 SW OSPREY CREEK
CITY-ST-ZIP PALM CITY FL 34990

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME STEVEN KLOTZ
1.3 STREET ADDRESS 154 GETTY AVE
1.4 CITY-ST-ZIP PATERSON, N.J. 07503

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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), 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.

SIGNATURE:

Doris Klotz

DORIS KLOTZ

1/12/95

407-286-8573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)