03-17-1999 90042 047 ***150.00

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

DOCUMENT # P93000078509

1. Corporation Name

KLT MANAGEMENT, INC.

Principal Place of Busin							
22170 AQUILA STREET							
DOCA DATON EL 22429							

Mailing Address

		•						
22170 AQUILA STREET BOCA RATON FL 33428 22170 AQUILA STREET BOCA RATON FL 33428				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 11/08/1993			
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26		ľ	65-0449288		Not Applicable	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required	
	City & State	City & State			6. Election Campaign Financing	\$5	5.00 May Be	
23		28			Trust Fund Contribution	A	dded to Fees	
	Zip Country	Zip Country		·	8. This corporation owes the current ye			
24	25	29 30			Personal Property Tax.		sNo	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	BAUER, CATHERINE		81	Name		-		
22170 AQUILA ST.			82	Street Address (P.O. Box Number is Not Acceptable)				
			83					
	·		84	City		FL 85	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 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 appl	icable. (NOTE: R	egistered Agent signature re	equired when reinstating)	DATE			
12.	OFFICERS AND DIRECTO	ORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTO			
TITLE	P	☐ DELETE	1.1 TITLE	•	☐ Change	Addition		
NAME	BAUER, CATHERINE		1.2 NAME	•	•			
STREET ADDRESS	22170 AQUILA ST		1.3 STREET ADDRESS	·				
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	·				
TITLE		☐ DELETE	2.1 TITLE		☐ Change	Addition		
NAME			2.2 NAME	•				
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP	<i>₹</i>		2.4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition		
NAME			3.2 NAME			'		
STREET ADDRESS			3.3 STREET ADDRESS			-		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	4.1 TITLE	· ····	☐ Change	Addition		
NAME		•	4. 2 NAME '					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME		,	5.2 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. 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: