

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:40

DOCUMENT # P93000084277 (1)

1. Corporation Name
KLEPDELS, INC.

Principal Place of Business
C/O STUART S. GOLDING CO.
27001 U.S. HWY. 19 N., SUITE 2095
CLEARWATER FL 34621

Mailing Address
C/O STUART S. GOLDING CO.
27001 U.S. HWY. 19 N., SUITE 2095
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

3a. Date of Last Report

12/03/1993

04/18/1994

4. FEI Number

Applied For

59-3216418

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

10. Name and Address of New Registered Agent

SCHER, DAVID
C/O STUART S. GOLDING CO.
27001 U.S. HWY. 19 N., SUITE 2095
CLEARWATER FL 34621

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 607.0502 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 of individual registered agent and if it is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHER, DAVID
27001 U.S. HWY. 19 N.
CLEARWATER FL 34621

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☐ Change ☐ Addition

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
POLLACK, LOREN
27001 U.S. HWY. 19 N.
CLEARWATER FL 34621

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GOLDING, PAUL
630 "A" STREET N.E.
WASHINGTON DC 20002

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information indicated on the 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 of the report, or in an addendum with an address.

SIGNATURE:

Loren M. Pollack
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
LOREN M. POLLACK, DIRECTOR

2/15/95

(813) 796-1077