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FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000084277 (1)

1. Corporation Name  
KLEPDELS, INC.

Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1993

4. FEI Number

59-3216418

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 33761

Country

24 33761

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33761

Country

29 33761

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

33761

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D SCHER, DAVID ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
27001 U.S. HWY. 19 N.  
CLEARWATER FL 34621

TITLE D POLLACK, LOREN ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
27001 U.S. HWY. 19 N.  
CLEARWATER FL 34621

TITLE D GOLDING, PAUL ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P.O. BOX 115  
TESUQUE NM

(N/A)

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

33761

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

33761

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

(N/A)

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

(N/A)

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

(N/A)

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

(N/A)

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.

SIGNATURE:

Loren M. Pollack LOREN M. POLLACK 3/9/98 (813) 796-1077

CR2E034 (10/97)