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041922

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # P93000084277

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 33761  
US

Mailing Address  
C/O STUART S. GOLDING CO.  
27001 U.S. HWY. 19 N., SUITE 2095  
CLEARWATER FL 33761  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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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 33761

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

(NOTE: Registered Agent signature required when changing address)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [ ] DELETE

NAME SCHER, DAVID  
STREET ADDRESS 27001 U.S. HWY. 19 N.  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE D [ ] DELETE

NAME POLLACK, LOREN  
STREET ADDRESS 27001 U.S. HWY. 19 N.  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE D [ ] DELETE

NAME GOLDING, PAUL  
STREET ADDRESS P O BOX 115 N/A  
CITY-ST-ZIP TESUQUE NM

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.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

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\*\*\*\*158.75 \*\*\*\*158.75

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Loren M. Pollack* LOREN M. POLLACK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 (727) 796-1077  
Date Telephone #

CR2E034 (11/98)