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PROFIT
CORPORATION A
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000010154

KLEINSTIVER & ASSOCIATES, INC.

FILED
Jun 09 1997 8:00am
Secretary of State

Drinning Dings						 ∤		
Principal Place	of Business	Mailing Add	dress					
4857 HIGHWAY A-1-A P.O. BOX 6534								
	BEACH, FL 32963				32961			
		, 131(0	Building	, 11	32301	3. Date Incorporated or Qualified	3a. Date of L	ast Report
						01/31/94	05	/01/96
2. Principal Pia	ac e o f Business	2a. Mailing	Address			4. FEI Number		Applied For
21		26				65-0467009		Not Applicable
Suite, Apl. #	#, etc.	27	pt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional ee Required
City & State		City & Si	tate			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip	Country	Zıp		Country	,	8. This corporation has liability for i	intangible tax un	der s. 199.032,
24	25	29		0			Yes No	
	9. Name and Address of Current	Registered Age	ent		T	10. Name and Address of New Re	gistered Agent	
				81	Name			
Wayne	Kleinstiver			82	Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	
596 A:	zalea Lane Apt.	17				•	-	
	Beach, FL 32963			83				
	,			84	City		FL 85	Z _P Code
44 Durament t	a the provisions of Sections 607 0603	2 and 607 1508	Florida Statutos	the show	o-named core	poration submits this statement for the p		Ing its registered
office or re	postered agent or both in the State i	of Florida, Such d	change was aut	thorized by	the corporat	tion's board of directors. I hereby accep	of the appointme	nt as registered
agent. I an	n familiar with, and accept the obliga	tions of, Section	607.0505, Florid	da Statutes	5.			
agent. Lan	-		•		5.	rcd when reinstating)	DATE	
agent. I an SIGNATURE	n (am iliar with, and accept the obliga Signature typed or printed name of registered agen OFFICERS AND	n and title if applicable	•		5.	red when reinstating) ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·	CTORS IN 12
agent. Lan	Signature Typed or printed name of registered agen OFFICERS AND	nt and title if applicable DDIRECTORS	•	Registered Ago	5.		· · · · · · · · · · · · · · · · · · ·	
agent. I en SIGNATURE	Signature typed or punted name of registered agen OFFICERS AND PRESIDENT	of and life if applicable DIRECTORS	(NOTE F	Registered Ago	5.		ERS AND DIREC	
agent. I an SIGNATURE 3	Signature typed or purited name of registered agen OFFICERS AND PRESIDENT WAYNE KLEINSTIVI	nt and title if applicable DIRECTORS E E R	(NOTE F	13.	5. or Esignature requir		ERS AND DIREC	
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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 it 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 effectment with an address.

SIGNATURE

ATURE AND TYPES OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/57 561-234-847