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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P94000039173 (7) **DOCUMENT #** 

Corporation Name		
KLIMIS & ASSO	CIATES, INC.	

Principal Place of Business Mailing Address									
35111 U.S. 19 NORTH SUITE 301		35111 U. SUITE 30	35111 U.S. 19 NORTH SUITE 301 PALM HARBOR FL 34684						
								ast Report <b>7/1995</b>	
2. Principal Pla	ace of Business	2a. Mailing 26	Address			4. FEI Number 59-3246710		Applied For Not Applicable	
Suite, Apt. #	#, etc.		Apt. #, etc.	<del></del> ·····		· · · · · · · · · · · · · · · · · · ·	\$8.	75 Additional	
22		27				5. Certificate of Status Desired		e Required	
City & State	ı	City & S	City & State		6. Election Campaign Financing	\$5.00 May Be			
Z <sub>I</sub> p	Country	28   Zip		Countr		Trust Fund Contribution LJ Added to F.  8. This conjugation has liability for intangible tax under s. 199.0			
24	25	29		30	r	Florida Statutes Yes		8 199.002,	
	9. Name and Address of Curr	ent Registered A	gent	81	-r	10. Name and Address of New Ro	egistered Agent		
35111 U SUITE 3 PALM H	ARBOR FL 34684			82 83 84	Street Addi	ress (P.O. Box Number is Not Acceptable)	FL  85	Zıp Code	
familiar witi	ed agent, or boin, in the state of Fig h, and accept the obligations of, So Signature, typed or printed name of registered ag	onda. Such change potion 607.0505, Flo	i was authoriz orida Statutes	ZOOLENU INO CORE	ooration's boa	and of directors. I hereby accept the appointment of the appointment o	intment as register	red agent. I am	
THILE	D		] DELETE	1. 1 T.TLE		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT		
NAME	KLIMIS, MICHAEL J			1.2 NAME					
STREET ADDRESS	35111 US 19 NORTH #30	1		1.3 STREE	I ADDRESS				
CHY-ST-ZiP	PALM HARBOR FL 34684		7 NO. CTC	14 007	31-21F				
TITLE NAME		L	DELETE	2 1 TITLE			Change	€	
STREET ADORESS				22 NAME 23 STREE	t *Doot e.c				
CITY-ST-ZIF				24 CITY-5					
TITLE			DELETE	3 1 TITLE	31 - 71.		Change	e 🔲 Addition	
NAME				3.2 NAME			2 •	, m	
STREET ADDRESS				3.3 SIRFE	LADDRESS				
CHTY+S1+ZIP				3 4 CITY - 9	51 - 71P				
TITLE			] DELETE	4 1 11111			☐ Change	e 🔲 Addition	
NAME				4.2 NAME					
STREET ADDRESS				4.3 STHE81					
CITY-ST-ZIP			3 501 676	4.4 CHY - S	ST-ZIF				
TITLE NAME		L.J	) DELETE	5 1 111.4			☐ Change	e 🔲 Addition	
STREET ADDRESS				5.2 NAME					
CITY-ST-ZIP				5.3 STHEFT					
THUE			] DELFTE	5 4 CHY-S	1 - ZiP		Change	Addition	
NAME		L-J	,	6.2 NAME			L Guangi.	e 🔲 Addition	
STREET ADDRESS				63 STREET	Minutes				
City-St-ZiP				64 CITY - S	Į.				
14. I do hereby certify that t	the information indicated on this an	inua: report or supol	ileurental anni	nished and doc	s not qualify for	or the exemption stated in Section 119.0 ite and that my signature shall have the s s report as required by Chapter 607, Flor	come local offices on	of supplied the day.	

SIGNATURE:

on Direction thesident 3/20/96