

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

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P94000076996 (5)**  
1. Corporation Name  
**CHARLES U. KLEIN, CPA, PA**

Principal Place of Business: **249 MAIN STREET DUNEDIN FL 34698**  
Mailing Address: **249 MAIN STREET DUNEDIN FL 34698**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
State App. # etc.: **22**  
27  
City & State: **23**  
28  
City: **24**  
25  
City: **29**  
30

APPROVED  
95 MAY - 1 11:06  
TALLAHASSEE  
FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1994**  
3a. Date of Last Report  
4. FEI Number: **59-3272451**  
Applied For:  Not Applied For:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. This corporation was liable for intangible tax under the Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**KLEIN, CHARLES U  
2045 JEFFERSON AVE  
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, CHARLES U</b>	2. NAME	
STREET ADDRESS	<b>2045 JEFFERSON AVE</b>	3. STREET ADDRESS	
CITY, ST. ZIP	<b>DUNEDIN FL 34698</b>	4. CITY, ST. ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST. ZIP		8. CITY, ST. ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST. ZIP		12. CITY, ST. ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST. ZIP		16. CITY, ST. ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST. ZIP		20. CITY, ST. ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct and 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, of Block 13 if changed, upon an attachment with an address.

SIGNATURE: *Charles U. Klein*  
Charles Klein CPA  
249 Main Street  
Dunedin, FL 34698  
1/16/95  
83 778-4080