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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000004831 (0)

1. Corporation Name
KLUS ENTERPRISES, INC.



Principal Place of Business
15830 SANDY POINT DR
N FT MYERS FL 33917
US

Mailing Address
15830 SANDY POINT DR
N FT MYERS FL 33917-5462
US

3. Date Incorporated or Qualified
01/17/1995

3a. Date of Last Report
03/14/1996

2. Principal Place of Business
21 3605 PENNYROYAL Rd.
Suite, Apt. #, etc.

2a. Mailing Address
26 3605 PENNYROYAL Rd.
Suite, Apt. #, etc.

4. FEI Number
65-0552420

Applied For
Not Applicable

22 City & State
23 PORT CHARLOTTE, FL

27 City & State
28 PORT CHARLOTTE, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33953 25 Country U.S.A.

29 Zip 33953 30 Country U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STOVASH, ROBERT J
111 N. ORANGE AVENUE
SUITE 1200
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name STOVASH, ROBERT J
82 Street Address (P.O. Box Number is Not Acceptable)
SUNTRUST CENTER SUITE 1220
83 200 S. ORANGE AVE.
84 City ORLANDO FL 85 Zip Code 32801

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KLUS, CURTISS
STREET ADDRESS	15830 SANDY POINT DR
CITY-ST-ZIP	N FT MYERS FL
TITLE	D
NAME	KLUS, BRENDA L
STREET ADDRESS	15830 SANDY POINT DR
CITY-ST-ZIP	N FT MYERS FL
TITLE	D
NAME	STOVASH, ROBERT J
STREET ADDRESS	201 E. PINE STREET, SUITE 500
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D
NAME	STOVASH, ROBERT J
STREET ADDRESS	SUNTRUST CENTER, SUITE 1220
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D KLUS, CURTISS
1.3 STREET ADDRESS	3605 PENNYROYAL Rd.
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D KLUS, BRENDA
2.3 STREET ADDRESS	3605 PENNYROYAL Rd.
2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE: _____ CURTISS KLUS

JANUARY 20, 1997 (941) 743-4022

CR2E034 (9/96)