SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000028576 (3)

KLEP TECHNICON, INC.

1998

Principal Place of Business 3450 S OCEAN BLVD #401

Mailing Address

C/O KLEP CORPORATION

**FILED** Aug 26 1998 8:00am Secretary of State



HIGHLAND BEACH FL 33487		28740 MOUND RD Warren MI 48092				DO NOT WRITE IN THIS	<b>S</b> PACE	
						3. Date Incorporated or Qualified 04/06/1995		
2. Principal P	lace of Business	2a, Mailing Address	2a, Mailing Address			4. FÉI Number	Applied For	
21		26				<u>38-3232451</u>	Not Applicable	
Suite, Apt	#, etc.	Sulte, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	<u></u>	intry		8. This corporation owes or has paid the curi	<b>-</b>	
24	[25]	29	30	т		Personal Property Tax due June 30.	Yes No	
BOU	9, Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
BOURNIAS, WILLIAM JR 3450 S OCEAN BLVD #401					VI Name			
			82 Street Address (P.O. Box Number is Not Acceptable)					
HIGH	ILAND BEACH FL 33487			00	ļ			
				83				
				84	City		85 Zip Code	
				<u> </u>	<u> </u>	FL		
11. Pursuant office or i agent. I a	to <b>the</b> provisions of sections 607.0 regi <b>ster</b> ed agent, or both, in the Stam <b>fam</b> lliar with, and accept the ob	502 and 607,1508, Florida Statu ate of Florida. Such change was figations of, section 607,0505, I	ites, the ab s authorize florida Sta	ove- d by tutes	named corpor the corporations.	ration submits this statement for the purpose of ch on's board of directors. I hereby accept the appoin	anging its registered ntment as registered	
SIGNATURE .								
	Signature, typed or printed name of registered			ered A	geni signatura requ	uired when reinstaling) DATE	ID DUDEOTODO INI 40	
12,	D	AND DIRECTORS	13,	71.5	——т—	ADDITIONS/CHANGES TO OFFICERS AN	<del></del>	
TITLE	BOURNIAS, WILLIAM JR	DELETE	1.1 Tr		İ		Change Addition	
NAME	3450 S OCEAN BLVD #401		1.2 N/					
LIMINAND DESCUE OCADE		,		1.3 STREET ADDRESS				
CITY-ST-ZIP	NIGHLAND BEACH PL 3346			TY-ST	-ZIP			
TITLE		DELETE	2.1 (1)		}		Change Addition	
NAME			2.2 N/					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP		-ZIP			
TITLE		L_] DELETE	3.1 TITLE 3.2 NAME		}		Change Addition	
NAME			1					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-ST	-ZIP			
TITLE		DELETE	4.1 (1)		J		Change Addition	
NAME			4.2 N/		I Dances			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		<del></del>	5.1 TI	TY-ST	-ZIP		<u> </u>	
TITLE		L DELETE	1	-	1		Change Addition	
NAME			5.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 CI		-ZIP		<u> </u>	
TITLE		DELETE	6.1 TI			9000028297	Change Addition	
NAME			6.2 N			900002629 <b>7</b> 03/01/98010230	117 24 11	
STREET ADDRESS	•				ADDRESS	***1100.00	117 Aprilo	
CITY ST-ZIP	with that the information are attended	ith this filing does not supplied.		TY-ST				
indicated o an officer o	n this annual report or supplemen	tal annual report is true and acc receiver or trustee empowered	urate and	that	my signature:	tion 119.07(3)(i), Florida Statutes. I further certify t shall have the same legal effect as if made unde quired by Chapter 607, Florida Statutes; and that	r oath; that I am	