## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000031198 (1)

"KLOTZ ENTERPRISES, INC."

## **FILED** Mar 31 1997 8:00am Secretary of State



Principal Place of Business 8312 S.E. 60TH DRIVE OKEECHOBEE FL 34974		Mailing Address 8312 S.E. 60TH DRIVE OKEECHOBEE FL 34974-1409			)		
					3. Date Incorporated or Qualified 04/17/1995	3a. Date o	f Last Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0614392		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$</b>	8.75 Additional
22		27			Communication states beautiful		Fee Required
City & State	e	City & State			6. Election Campaign Financing		\$5.00 May Be
23		28			Trust Fund Contribution	Ц	Added to Fees
Zip	Country	7 ip	Cour	ntry	6. This corporation has liability for i		
24	25] 9. Name and Address of Curre	29	[30]		Florida Statutes  10. Name and Address of New Reg	Yes N	
1// 0		int Registered Agent		81 Name	10. Name and Address of New Ne	diaresed wide	nt
	TZ, RICHARD D		ļ	14dine			
9312 S.E. 60TH DRIVE 82 Str				82 Street Add	t Address (P.O. Box Number is Not Acceptable)		
OKE	ECHOBEE FL 34974						
				83			
			1	84 City		8	5 Zip Code
					rporation submits this statement for the p		
SIGNATURE.	m familiar with, and accept the oblig				ation's board of directors. I hereby acceptions are acceptions of the second of the se	DATE	
12.	OFFICERS At	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 111	LE		Ш	Change Addition
NAME	KLOTZ, RICHARD D		1.2 NA	ME			
STREET ADDRESS	% 9312 S.E. 60RH DRIVE		1.3 ST	REET ADDRESS			
CPTY - ST - 7IP	OKEECHOBEE FL 34974		1400	Y-ST-ZIP			
TITLE		☐ DELETE	21 TIT	LE			Change
NAME			2 2 NA	ME			
STREET ADDRESS			2.3 ST	REET ADDRESS			
CHY-SI-ZIP			2. 4 CI	TY-ST-ZIP			
TOLE		DELETE	3 1 111	LE	, , , , , , , , , , , , , , , , , , ,		Change
NAME			3.2 NA	ME 1			
STREET ADDRESS			3.3 ST	REET AODRESS			
CiTY - ST - ZIP			3.4. Ci	TY-ST-ZIP			
TITLE		DELETE	4.1 TiT	LE			Change Addition
NAME			4.2 N/	IME			
STREET ADDRESS			4.3 STI	REET ADORESS			
CITY-ST-ZIP			4.4 CH	Y-ST-ZIP			
TITLE		☐ DELETE	5 1 TIT	LE	2444		Change
NAME			5.2 NA	ME ;	20000212	9422	2
STREET ADDRESS				REET ADDRESS	20000212 -04/01/970100	6029	<del></del>
CITY - ST-ZIP			5.4 CI	Y-ST-ZIP	***165.00		
TITLE		DELETE	6.1 T(T				Change Addition
NAME			6.2 NA	- 1			Chi
STREET ADDRESS				REET ADDRESS			しいいり
				Y-ST-ZIP			~~yr
DifY-ST-ZIP	l		0.4 (1)	1-31-cm			···

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 or a

SIGNATURE: