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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90052 035 ***150.00

DOCUMENT # P95000031198

"KLOTZ ENTERPRISES, INC."

| Principal Place of Business | | Mailing Addre | ss | | | | | ISBAL SIAIA I | 0101 5051 1001 | |
|------------------------------|---|---|--|---------------------|---|---|--------------------|---------------------------|----------------------|----|
| 9312 S.E. 60TH OKEECHOBEE | | | 9312 S.E. 60TH DRIVE OKEECHOBEE FL 34974 | | | | | | | |
| | | | | | | | TE IN THIS SP | ACE. | | ı |
| | | | | | | 3. Date Incorporated or Qualifed | | | | l |
| | | | , - | | | 04/17/1995 | | 7 | r . I.E | ĺ |
| 2. Principal Pi | lace of Business | 2a. Mailing Ad | dress | | | 4. FEI Number | | <u> </u> | lied For | Ì |
| 21 | | 26 | | | | 65-0614392 | | | Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. | <u> </u> | _ | | 5. Certifcate of Status Desired | ` | 8.75 A | | |
| City & State | - د د الشباسية د السعاد - و | City & Sta | leti | | | -6Election Campaign Financing≠ | | \$5.00 | | ١. |
| 23 | | 28 | | | <u>, </u> | Trust Fund Contribution | | Added to | Fees | ĺ |
| Zip | Country | Zip* | | Country | • | 8. This corporation owes the curr | | | -7. | l |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | | □No | 1 |
| | 9. Name and Address of Curr | ent Registered Agen | <u>t</u> | | <u></u> | 10. Name and Address of New F | Registered Age | nt | | ĺ |
| KLO | TZ, RICHARD D | | | 81 82 | Name | | | | | |
| 9312 | S.E. 60TH DRIVE | | | | Street Addr | ess (P.O. Box Number is Not Accepta | able) | | | |
| OKE | ECHOBEE FL 34974 | | | 83 | | | | | • | |
| | • | | | 84 | City | | FL | Zip C | ode | |
| office or r | egistered agent, or both, in the Sta m familiar with and accept the obli | te of Florida. Such chi gations of, Section 60 | ange was author 7.0505, Florida : RICN AVA | nzed by Statutes | D. KZ | | or the appointment | nging its r ent as reg | egistered istered | |
| | Signature, typed or printed name of registered a | | (NOTE: Regis | | nt signature require | | DATE | VOE OTO | 20 IN 42 | 9 |
| 12. | | AND DIRECTORS | Delete | 13. | | ADDITIONS/CHANGES TO OF | | l Change | Addition | 7 |
| TITLE | D | Ц | | 1,1 TITLE | 1 | | _ | Change | ☐ Addition | 3 |
| NAME | KLOTZ, RICHARD D | | | 1.2 NAME | | | | | | 3 |
| STREET ADDRESS | % 9312 S.E. 60RH DRIVE | | 1 | 1.3 STREET | TADDRESS | | | | , | ļ |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | | | 1.4 CITY-S | T-ZIP | | | | | è |
| TITLE | | | DELETE 2.1 π | | | | L |] Change | ☐ Addition | |
| NAME | | | | 2.2 NAME | | | | | | ļ |
| STREET ADDRESS | | | | 2.3 STREE | TADDRESS | | | | | l |
| CITY-ST-ZIP | | | | 2. 4 CITY-5 | ST-ZIP | | | | | |
| πιε | | | DELETE | 3.1 TITLE | i | | |] Change | ☐ Addition | ļ |
| NAME | | | | 3.2 NAME | .: | ويستحي مستهول والمستعودة والمستعود ومستحب | | | ~ | |
| STREET ADDRESS | 33 S | | 3.3 STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY+5 | ST-ZIP | | <u></u> | | <u> </u> | 1 |
| TITLE | | | DELETE | 4,1 TITLE | | | |] Change | ☐ Addition | |
| NAME | | | | 4.2 NAME | | | | | | |
| STREET ADDRESS | | | | 4.3 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | | |]. | 4.4 CITY-S | T-ZIP | | | | | |
| TITLE | 7 | | DELETE | 5.1 TITLE | | | |] Change | Addition | |
| NAME | A Party to | | | 5.2 NAME | | | | | | ļ |
| STREET ADDRESS | , .; | |] | 5.3 STREE | T ADDRESS | | | | |] |

CITY-ST-ZIP 14. I 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 on an attachment with an address, with all other like empowered.

5,4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Daytime Phone #

☐ Change

___ Addition