

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

FILED
Mar 25 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 # P95000038210 (7)

1. Corporation Name
JONATHAN KLINE, P.A.



Principal Place of Business
9050 PINES BLVD
SUITE 354
PEMBROKE PINES FL 33024

Mailing Address
9050 PINES BLVD
SUITE 354
PEMBROKE PINES FL 33024-6400

3. Date Incorporated or Qualified: 05/10/1995
3a. Date of Last Report: 01/25/1996
4. FEI Number: 65-0587463
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc: suite 354
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc: suite 354
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
KLINE, JONATHAN
9050 PINES BLVD
SUITE 354
PEMBROKE PINES FL 33024

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

11. Pursuant to the provisions of Sections 607.005 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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: Jonathan Kline 1-28-97 DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE: DP
1.2 NAME: KLINE, JONATHAN
1.3 STREET ADDRESS: 9050 PINES BLVD SUITE 354
1.4 CITY - ST - ZIP: PEMBROKE PINES FL 33024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE: Change Addition
2.2 NAME: Change Addition
2.3 STREET ADDRESS: suite 354
2.4 CITY - ST - ZIP: Change Addition
3.1 TITLE: Change Addition
3.2 NAME: Change Addition
3.3 STREET ADDRESS: Change Addition
3.4 CITY - ST - ZIP: Change Addition
4.1 TITLE: Change Addition
4.2 NAME: Change Addition
4.3 STREET ADDRESS: Change Addition
4.4 CITY - ST - ZIP: Change Addition
5.1 TITLE: Change Addition
5.2 NAME: Change Addition
5.3 STREET ADDRESS: Change Addition
5.4 CITY - ST - ZIP: Change Addition
6.1 TITLE: Change Addition
6.2 NAME: Change Addition
6.3 STREET ADDRESS: Change Addition
6.4 CITY - ST - ZIP: Change Addition

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 included 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 registered 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.

SIGNATURE: Jonathan Kline 1-28-97 (954) 432-2000 DATE

CR2E034 (9/96)