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Feb 06 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 # P96000094697 (5)

1. Corporation Name  
D.M. KLEIN, INC.

Principal Place of Business  
19406 DAKOTA COURT  
BOCA RATON FL 33434

Mailing Address  
19406 DAKOTA COURT  
BOCA RATON FL 33434-2723



3. Date Incorporated or Qualified 11/15/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 *19406 DAKOTA COURT*  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

4. FEI Number 65-0712047  
Applied For  
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, DAVID M  
19406 DAKOTA COURT  
BOCA RATON FL 33434

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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, in 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 *Dr. David M. Klein* 12 JAN 1997  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME *Pres. Sec. DAVID M. KLEIN*  
STREET ADDRESS *19406 DAKOTA CT.*  
CITY - ST - ZIP *BOCA RATON, FL 33434*  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 on an attachment with an address.

SIGNATURE: *Dr. David M. Klein* DAVID M. KLEIN 12 JAN 1997 561 368.4007  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)