

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000042504 (5)

1. Corporation Name
KLT KEY LINES TRADING, INC.

Principal Place of Business

100 E LINTON BLVD
SUITE 206A
DELRAY BEACH FL 33483

Mailing Address

100 E LINTON BLVD
SUITE 206A
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

65-0755837

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1485 Augusta Circle

Suite, Apt. #, etc.

22 #21

City & State

23 Delray Beach, FL

Zip

24 33445

Country

2a. Mailing Address

26 1485 Augusta Circle

Suite, Apt. #, etc.

27 #21

City & State

28 Delray Beach, FL

Zip

29 33445

Country

9. Name and Address of Current Registered Agent

SPECKMAIER, HANS HEINRICH
1485 AGUSTA CIRCLE, #21
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name Mende-Speckmaier, Cornelia
82 Street Address (P.O. Box Number is Not Acceptable)
1485 Augusta Circle #21
83
84 City Delray Beach FL 85 Zip Code 33445

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, or 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 X Sabina C. Mende-Speckmaier

X 1-28-98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SPECKMAIER, HANS HEINRICH
STREET ADDRESS 1485 AGUSTA CIRCLE, #21
CITY-ST-ZIP DELRAY BEACH FL 33445

☒ DELETE

TITLE VD
NAME MENDE-SPECKMAIER, CORNELIA SABINE CORNELIA
STREET ADDRESS 1485 AGUSTA CIRCLE, #21
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE X Sabina C. Mende-Speckmaier

X 1-28-98

X 561-271-1120

CR2E034 (10/97)