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FILED
May 07 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 # P97000062522 (2)

1. Corporation Name

STEVEN M. KLEIN, P.A.



Principal Place of Business

555 NE 15TH ST., STE. 100
MIAMI FL 33132

Mailing Address

555 NE 15TH ST., STE. 100
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1997

4. FEI Number

65-0767417

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 4101 PINE TREE DRIVE

Suite, Apt. #, etc.

22 # 617

City & State

23 MIAMI BEACH, FL

Zip

24 33140

Country

25 USA

2a. Mailing Address

26 4101 PINE TREE DRIVE

Suite, Apt. #, etc.

27 # 617

City & State

28 MIAMI BEACH, FL

Zip

29 33140

Country

30 USA

9. Name and Address of Current Registered Agent

KLEIN, STEVEN M
555 NE 15TH ST., STE. 100
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

STEVEN M. KLEIN

82 Street Address (P.O. Box Number is Not Acceptable)

4101 PINE TREE DRIVE # 617

83

84 City

MIAMI BEACH

FL

85 Zip Code

33140

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/97

12. OFFICERS AND DIRECTORS

TITLE DPST ☒ DELETE

NAME KLEIN, STEVEN M
STREET ADDRESS 555 NE 15TH ST., STE. 100
CITY-ST-ZIP MIAMI FL 33132

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST ☒ Change ☐ Addition

1.2 NAME STEVEN M. KLEIN
1.3 STREET ADDRESS 4101 PINE TREE DRIVE # 617
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE

[Signature]

1/19/97

(8-2) 576-1100

CR2E034 (10/97)