

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # S02753 (9)**  
1. Corporation Name  
**KLI ENTERPRISES, INC.**

**95 APR 10 PM 2:03**

Principal Place of Business  
**4521 RAINBOW ROAD  
SOUTH VENICE FL 34293**

Mailing Address  
**4521 RAINBOW ROAD  
SOUTH VENICE FL 34293**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/17/1990</b>		3a. Date of Last Report <b>03/08/1994</b>	
2. Principal Place of Business 21 <b>4521 Rainbow Rd</b> Suits, Apt. #, etc.		2a. Mailing Address 26 <b>RD1 Box 17B, BANGALIF Rd.</b> Suite, Apt. #, etc.	
22		27	
23 <b>VENICE FL</b> City & State		28 <b>MILLBROOK NY</b> City & State	
24 <b>34293</b> Zip		25 Country	
29 <b>12545</b> Zip		30 Country	
4. FEI Number <b>65-0223011</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>POWERS, DAVID J 250 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480</b>		10. Name and Address of New Registered Agent			
B1 Name <b>RONALD F KNICKERBOCKER</b>		B2 Street Address (P.O. Box Number is Not Acceptable) <b>4521 RAINBOW Rd</b>			
B3		B4 City <b>VENICE</b>			
		B5 State <b>FL</b>		B6 Zip Code <b>34293</b>	

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 Ronald F Knickerbocker / RONALD F KNICKERBOCKER DATE 4-01-95

(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPT</b>	NAME <b>KNICKERBOCKER, RONALD F.</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>4521 RAINBOW ROAD</b>	CITY - ST - ZIP <b>SOUTH VENICE FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP <b>VENICE FL 34293</b>	
TITLE <b>DVS</b>	NAME <b>KNICKERBOCKER, ELIZABETH</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>4521 RAINBOW ROAD</b>	CITY - ST - ZIP <b>SOUTH VENICE FL</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP <b>VENICE FL 34293</b>	
TITLE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Ronald F Knickerbocker / RONALD F KNICKERBOCKER DATE 4-01-95 94-677-9349

(Signature typed or printed name of signing officer or director) (Date) (Filing Office #)