

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S88555 (5)

1. Corporation Name

CONCEPTS BY KLINE, INC.



Principal Place of Business

2613 NW 70 AVE.  
MARGATE FL 33063  
US

Mailing Address

2613 NW 70 AVE.  
MARGATE FL 33063  
US

2. Principal Place of Business

2a. Mailing Address

21 5434 W. Sample Rd.

26 5434 W. Sample Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #547

27 #547

23 Margate FL

28 Margate FL

City & State

City & State

24 33073

Country

25 US

29 33073

Country

30 US

9. Name and Address of Current Registered Agent

KLINE, R. B.  
2613 NW 70 AVE.  
MARGATE FL 33063

3. Date Incorporated or Qualified

10/18/1991

3a. Date of Last Report

01/13/1995

4. FEI Number

65-0295434

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

10. Name and Address of New Registered Agent

81 Name

R. B. KLINE

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

5434 W. Sample Rd.

83

#547

84 City

Margate FL

FL

85 Zip Code

33073

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

4-15-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
KLINE, ROBERT B.  
2613 NW 70 AVE.  
MARGATE FL

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P  
KLINE, ROBERT B.  
5434 W. Sample Rd #547  
MARGATE, FL. 33073

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

954-969-3353

Daytime Phone #

CR2E034 (12/95)