FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V03045** **(4)**

1. Corporation Name

KLATT ENTERPRISES, INC.

Principal Place of Business

C/O MICHAEL A. SCHROEDER
2255 GLADES RD. STE 319A
BOCA RATON FL 33431-7313
US

Mailing Address

C/O MICHAEL A. SCHROEDER
2255 GLADES RD. STE 319A
BOCA RATON FL 33431-7313
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1991

3a. Date of Last Report: 06/02/1994

2. Principal Place of Business

21 KLATT ENETERPRISES

Suite, Apt. #, etc.: 22 9290 Nickels Blvd.

City & State: 23 Boynton Beach,

Zip: 24 33436 County: 25 Palm Beach

2a. Mailing Address

26 KLATT ENTERPRISES, INC.

Suite, Apt. #, etc.: 27 9290 Nickels Blvd

City & State: 28 Boynton Beach, Fl

Zip: 29 33436 County: 30 Palm Beach

4. FEI Number: 65-0315081 — 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

9. Name and Address of Current Registered Agent

SCHROEDER AND LARCHE, P.A.
2255 GLADES RD., STE 319-A
BOCA RATON 33431

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City — FL — B5 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, 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, Type or Print Name of Registered Agent and Title, if any) (Registered Agent by signature must also complete) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	LUCAS, SHERI WINCHEST	1.2 NAME	
STREET ADDRESS	9290 NICKELS BLVD	1.3 STREET ADDRESS	
CITY, ST, ZIP	BOYNTON BCH FL	1.4 CITY, ST, ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	WINCHESTER, BILL R.	2.2 NAME	
STREET ADDRESS	9290 NICKELS BLVD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	BOYNTON BEACH FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KLATT, ERNEST A.	3.2 NAME	
STREET ADDRESS	44 EAST MAIN ST.	3.3 STREET ADDRESS	
CITY, ST, ZIP	FRANKLIN NC	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KLATT, VIOLET	4.2 NAME	
STREET ADDRESS	4269 HYPOLUXO ROAD	4.3 STREET ADDRESS	
CITY, ST, ZIP	BOYNTON BEACH FL	4.4 CITY, ST, ZIP	
TITLE	SV	5.1 TITLE	☐ Change ☐ Addition
NAME	WINCHESTER, ELSIE A	5.2 NAME	
STREET ADDRESS	9290 NICKELS BLVD	5.3 STREET ADDRESS	
CITY, ST, ZIP	BOYNTON BCH FL	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

REMITTED BY MAY 1

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. Further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is an attached word with an asterisk.

SIGNATURE: Elsie A Winchester Vice President/Secretary April 27, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF RESIDENT OFFICER OR DIRECTOR — Title — Date

0264447 CR