

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

FILED

Apr 03 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # V03045 (4)

1. Corporation Name
KLATT ENTERPRISES, INC.

| | |
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| Principal Place of Business KLATT ENTERPRISES 9290 NICKELS BLVD BOYNTON BEACH FL 33436 US | Mailing Address KLATT ENTERPRISES INC 9290 NICKELS BLVD BOYNTON BEACH FL 33436-3149 US |
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|--------------------------------|----------------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/30/1991 | 3a. Date of Last Report 04/18/1996 |
| 21 Suite, Apt. #, etc. | 26 P.O. Drawer 1240 | 4. FEI Number 65-0315081 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| | | 85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLATT, VIOLET | 4.2 NAME | |
| STREET ADDRESS | 4289 HYPOLUXO ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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:

Bill Winchester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0320685

CR2E034 (9/96)

561-732-3961