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FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90018 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V03045

1. Corporation Name
KLATT ENTERPRISES, INC.

Principal Place of Business
**KLATT ENTERPRISES
9290 NICKELS BLVD
BOYNTON BEACH FL 33436
US**

Mailing Address
**PO DRAWER 1240
BOYNTON BEACH FL 33425
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1991

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

FL

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

TITLE	T	<input type="checkbox"/> DELETE
NAME	LUCAS, SHERI WINCHEST	
STREET ADDRESS	9290 NICKELS BLVD	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WINCHESTER, BILL R.	
STREET ADDRESS	9290 NICKELS BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL-	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLATT, ERNEST A.	
STREET ADDRESS	44 EAST MAIN ST.	
CITY-ST-ZIP	FRANKLIN NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLATT, VIOLET	
STREET ADDRESS	4269 HYPOLUXO ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	WINCHESTER, ELSIE A	
STREET ADDRESS	9290 NICKELS BLVD	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Date

561-732-3961

Daytime Phone #

CR2E034 (11/98)