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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V12182** **(4)**

1. Corporation Name
KLR GROUP, INC., A FLORIDA CORPORATION

Principal Place of Business	Mailing Address
2803 W. BUSCH BLVD. SUITE 107 TAMPA FL 33618	2803 WEST BUSCH BLVD. SUITE 107 TAMPA FL 33618 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1992
3a. Date of Last Report: 08/17/1994

2. Principal Place of Business	2a. Mailing Address
21 2909 Bay to Bay Blvd	26 2909 Bay to Bay Blvd
Suite, Apt. #, etc. 22 Suite 109	Suite, Apt. #, etc. 27 Suite 109
City & State 23 Tampa Fl 33629	City & State 28 Tampa Fl 33629
Zip 24 33629 Country 25 US	Zip 29 33629 Country 30 US

4. FEI Number: 59-3109043 ☐ 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	10. Name and Address of New Registered Agent
KNOPKE, WILLIAM C. 2803 W. BUSCH BLVD. SUITE 107 TAMPA FL 33618	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 _____ DATE
Signature(s) required for printed name(s) of registered agent and title, if applicable. (NOTE: Registered Agent signature required when mandatory.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	DC ☐ Change ☐ Addition
NAME	KNOPKE, WILLIAM C., II	12 NAME	KNOPKE, WILLIAM C., II
STREET ADDRESS	2803 W. BUSCH BLVD. #107	13 STREET ADDRESS	2909 Bay to Bay Blvd, #109
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	Tampa Fl 33629
TITLE	D	21 TITLE	DP ☐ Change ☐ Addition
NAME	LEE, BRIAN M.	22 NAME	LEE, BRIAN M.
STREET ADDRESS	2803 W. BUSCH BLVD. #107	23 STREET ADDRESS	2909 Bay to Bay Blvd, #109
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	Tampa Fl 33629
TITLE	D	31 TITLE	S ☐ Change ☐ Addition
NAME	REMO, ARMANDO G., JR.	32 NAME	REMO, ARMANDO G., JR.
STREET ADDRESS	2803 W BUSCH BLVD, 107	33 STREET ADDRESS	2909 Bay to Bay Blvd Suite 109
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	Tampa Fl 33629
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: WILLIAM C. KNOPKE II 5/23/95 813 8392605
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

020404 CP