

42-47B-3853 L
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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V24708**

(2)

1. Corporation Name

KLAR AND KLAR ARCHITECTS, INC.

Principal Place of Business

**28465 U.S. 19 NORTH
SUITE 204
CLEARWATER FL 34621**

Mailing Address

**28465 U.S. 19 NORTH
SUITE 204
CLEARWATER FL 34621-2511**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1992	3a. Date of Last Report 04/30/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3115842		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

**KLAR, ROBERTA
601 HAMMOCK PINES BLVD
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name **Same name**
82 Street Address (P.O. Box Number is Not Acceptable)
820 Riviere Rd.
83 **Palm Harbor FL 34683**
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 block applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	KLAR, ROBERTA	1.2 NAME	KLAR, ROBERTA
STREET ADDRESS	601 HAMMOCK PINES BLVD	1.3 STREET ADDRESS	820 RIVIERE ROAD
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	PALM HARBOR FL 34683
TITLE	S	2.1 TITLE	S
NAME	KLAR, STEVEN L	2.2 NAME	KLAR, STEVEN L
STREET ADDRESS	601 HAMMOCK PINES BLVD.	2.3 STREET ADDRESS	820 RIVIERE ROAD
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	PALM HARBOR FL 34683
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert S. Klar** **Robert S. Klar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/97 **813-799-5420**

Date

Daytime Phone #

CR2E034 (9/96)