

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V64445** (2)
1. Corporation Name
J.L. KLEIN & ASSOC. INC.

Principal Place of Business 3640 N. FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064	Mailing Address 3640 N. FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2800 E. Commercial Blvd. Suits, Apt. #, etc. 22 Suite 212 City & State 23 Ft. Lauderdale Fl. Zip 24 33305		2a. Mailing Address 25 2800 E. Commercial Blvd. Suits, Apt. #, etc. 26 Suite 212 City & State 27 Ft. Lauderdale Fl. Zip 28 33305 Country 29 Broward		3. Date Incorporated or Qualified 09/14/1992	
4. FEI Number 65-0353045		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HEFINGER, ROBERT L. 3640 N. FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064		10. Name and Address of New Registered Agent 81 Name Robert L. HeFinger 82 Street Address (P.O. Box Number is Not Acceptable) 2800 E. Commercial Blvd. 83 Suite 212 84 City Ft. Land 85 Zip Code FL 33305	
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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 **Robert HeFinger** **Robert HeFinger** **4/30/98**
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFINGER, ROBERT L	1.2 NAME	
STREET ADDRESS	3640 N. FEDERAL HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, JEANNE H	2.2 NAME	
STREET ADDRESS	3640 N. FEDERAL HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNGBLOOD, JAMES G	3.2 NAME	
STREET ADDRESS	3640 N. FEDERAL HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, MIGUEL P	4.2 NAME	
STREET ADDRESS	3640 N. FEDERAL HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 in an attachment with an address.

SIGNATURE: **JEANNE KLEIN** **4/30/98** **954-841-9687**

CR2E034 (10/97)