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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90147 029 \*\*\*150.00

DOCUMENT # V64445

1. Corporation Name

J.L. KLEIN & ASSOC. INC.

Principal Place of Business

2800 E COMMERCIAL BLVD  
STE 212  
FT LAUD FL 33308  
US

Mailing Address

2800 E COMMERCIAL BLVD  
STE 212  
FT LAUD FL 33308  
US

2. Principal Place of Business

21 99 S/W 12TH AVE

2a. Mailing Address

26 99 S/W 12TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Boca Raton FL

City & State

28 Boca Raton FL

Zip Country

24 33486 25 US

Zip Country

29 33486 30

9. Name and Address of Current Registered Agent

HEFINGER, ROBERT L.  
2800 E COMMERCIAL BLVD 99 S/W 12TH AVE.  
STE 212  
FT LAUD FL 33308 Boca Raton FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1992

4. FEI Number

65-0353045

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

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 P ☐ DELETE

NAME HEFINGER, ROBERT L

STREET ADDRESS 3640 N. FEDERAL HIGHWAY

CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE S ☐ DELETE

NAME KLEIN, JEANNE H

STREET ADDRESS 3640 N. FEDERAL HIGHWAY 99 S/W 12TH AVE

CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 Boca Raton FL 33486

TITLE D ☐ DELETE

NAME YOUNGBLOOD, JAMES G

STREET ADDRESS 3640 N. FEDERAL HIGHWAY 99 S/W 12TH AVE

CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 Boca Raton FL 33486

TITLE D ☐ DELETE

NAME HERNANDEZ, MIGUEL P

STREET ADDRESS 3640 N. FEDERAL HIGHWAY

CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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

Date

Daytime Phone #

4-29-99

561-391-0611

CR2E034 (1/98)