


FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90017 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000093538

1. Corporation Name
 KALEN ENTERPRISES, INC.



Principal Place of Business: 5600 N.W. 98TH WAY, CORAL SPRINGS FL 33076
 Mailing Address: 5600 N.W. 98TH WAY, CORAL SPRINGS FL 33076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1998

4. FEI Number: 650870810

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 8416 P.O. Box, Coral Springs FL 33076
 2a. Mailing Address: 26 P.O. Box 8416, Coral Springs FL 33076

23. City & State: Coral Springs FL
 27. City & State: Coral Springs FL

24. Zip: 33076, Country: U.S.A.
 29. Zip: 33076, Country: USA

9. Name and Address of Current Registered Agent: CARPIO, LUZ A, 5600 N.W. 98TH WAY, CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent: 81 Name: CARPIO ANGELA, 82 Street Address: 5630 N.W. 122 Terrace, 84 City: Coral Springs FL, 85 Zip Code: 33076

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] DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DELETE <input type="checkbox"/>	1.1 TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: CARPIO, LUZ A		1.2 NAME: CARPIO, ANGELA	
STREET ADDRESS: 5600 N.W. 98TH WAY		1.3 STREET ADDRESS: 5630 N.W. 122 Terrace	
CITY-ST-ZIP: CORAL SPRINGS FL 33076		1.4 CITY-ST-ZIP: Coral Springs FL 33076	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	DELETE <input type="checkbox"/>	2.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	DELETE <input type="checkbox"/>	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	DELETE <input type="checkbox"/>	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	DELETE <input type="checkbox"/>	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	DELETE <input type="checkbox"/>	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

CR2E03A (11/98)