PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$81956

1. Corporation Name

KELMINI DEODLICTS INC

1/6-1-141114	PHUDUCIS, INC.						
Principal Place	e of Business	Mailing Address			+ 1001/010 101 (4191)1010 (410) 01510 att)(#10 WINI OID: OID:	111 WINTER 1881
3203 GENERAL	ELECTRIC RD	P O BOX 1108			1		
#7 PLYMOUTH FL 32768-1108					DO NOT WRITE IN TI	HIS SPACE	
PLYMOUTH FL 32768 US					3. Date Incorporated or Qualifed		
03					09/20/1991		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21	a me	26 Samu			59-3088842	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.				\$8.75 Ad	1
22		27	"	. .	5. Certificate of Status Desired	Fee Req	uired
City & State	e	City & State			6. Election Campaign Financing	\$5.00 N	,
23	Same	28 Sam	» <u> </u>		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	_	intry	8. This corporation owes the current year		⊒No
24	25	29	30		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curren	t Registered Agent		81 Name	IV. Name and Address of New Register		
DOL	L, BEVERLY G.						
3203 GENERAL ELECTRIC ROAD SUITE SEVEN PLYMOUTH FL 32768				82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
				83		•	
					· · · · · · · · · · · · · · · · · · ·		
				84 City	· · ·	- L	ode
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Sta	tutes, the a	bove-named corp	peration submits this statement for the purpose	e of changing its r	egistered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change wa	s autnonzei	o by the corporation	on's board of directors. I hereby accept the ap	pointment as reg	istered
	· · · · · ·	tions of, Section 607.0303,	i iorida otal		2\s	×1/90	
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (N	OTE: Registered	d Agent signature require		<u> </u>	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	V	☐ DELETE	1.1 T	TLE		Change	
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			1.2 N	AME		onungo	☐ Addition
ATT. AT 710				TREET ADDRESS			∐ Addition
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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 chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90028 013 ***150.00