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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

222421

(0)

J.J. KERLEY, INC.

	FILED
Jan 21	1998 8:00am
Secre	etary of State

T thropper had	o or pasilloss	Maining Address					
19900 W ST	ANDREWS DR 33045	19900-W-ST-ANDR Hialeah el-33015					
145	HELIOS DR	1951	4EL1	05		DO NOT WRITE IN THIS SPACE	
م درار،	ITER FL 334	HALEAH EL 33015 195 1 77 UUPIT	ER	FL	<b>334</b>	3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address					
F7 ' F		26. Waning Address	<del></del> 1			- ppinot to	
		Suite, Apt. #, et	Suite Ant # etc			59-0865729 Not Applicable \$8.75 Additional	
22		27				Certificate of Status Desired     Fee Required	
City & Stat		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	L., '	Country		6. This corporation owes or has paid the current year Intangible	
24	25 29 30				Personal Property Tax due June 30.  Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
KE	rley, John J.			81	Name		
<b>, 10</b>	DOUW. OF ANDROWO-DR.	195 HEHOS	DA	82	Street A	Address (P.O. Box Number is Not Acceptable)	
	MESANT FL-20015	UDITER EL	2247	7			
	•	- 1. Maria 1. de 1	-347	83			
				84	City	85 Zip Code	
						FL	
office of f	to the provisions of Sections 60 registered agent, or both, in the time familiar with, and accept the c	state of Florida. Such change	was author	rized by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of register	ad agont and title if applicable.	(NOTE: Regis	stered Aoo	ol signature o	required when reinstaling) DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELET	E 1	.1 TITLE		☐ Change ☐ Addition	
NAME	KERLEY.JOHN J		1	2 NAME			
STREET ADDRESS	40000 MAT ANDDEWO	11.195 HEL10	S De 1	.a STREET	ADDRESS		
CITY-ST-ZIP	HALESSLFE	VVPIPER FLE	2477	.4 CITY-S1	I- ZIP		
TITLE	Ō	DELET	E 2	1 TITLE		Change Addition	
NAME	KERLEY,BARBARA		2	.2 NAME	ľ		
STREET ADDRESS	10000-W. OF. AMBROHE	BR. 195 HELIOS DI	و 2	.3 STREET A	ADDRES\$		
CITY-ST-ZIP	HIMMENIAFL	OR. 195 HELIOS DI CUPITER FL33	477 2	. 4 CITY-S	T-ZIP		
TITLE		DELET	Ē 3	.1 TITLE		☐ Change ☐ Addition	
NAME			3	2 NAME			
STREET ADDRESS	'		3	3 STREET A	address		
CITY-ST-ZIP				4. CITY - ST	T-ZIP		
TITLE		DELET	E 4.	1 TITLE		Change Addition	
NAME			4.	2 NAME			
STREET ADDRESS			4.	.3 STREET A	ADDRESS		
CITY-ST-ZIP				4 CITY - ST	- ZIP		
TITLE		DELET	5.	1 TITLE	i	☐ Change ☐ Addition	
NAME			5.	2 NAME	Ī		
STREET ADDRESS			5.	3 STREET A	ADDRESS		
CITY-ST-ZIP				4 CITY-ST	- ZIP		
TITLE		DELET	6	1 TITLE		☐ Change ☐ Addition	
NAME			6.	2 NAME			
STREET ADDRESS			6.	3 STREET A	ADDRESS		
CITY-ST-ZIP		7 20 40 40		4 CITY-SI			
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.							