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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90043 026 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 478061

. Corporation Name

CITY-ST-ZIP

SIGNATURE:

KELCH ENTERPRISES, INC.

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Principal Plac	ce of Business	Mailing Address			i chinici acidesi chinani chici dideen deeda eeda de	### ##################################	DIEKI BIBIK IBBK	
1 THURSTON	DRIVE	1 THURSTON DRIVE						
	ONS. FL 33418	PALM BCH GDNS. FL 334	118			-		
					DO NOT WRITE IN T	HIS SPACE		
					3. Date Incorporated or Qualifed			1
					06/17/1975			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	۱.,
4		26	•		59-1636089		t Applicable	:
Suite, Apt.	. #. etc.	Suite: Apt. #, etc.		•		\$8.75	_ ` `	"
<u>.</u>		27			5. Certifcate of Status Desired	Fee Re		
City & Sta	te	City & State		<u></u>	6. Election Campaign Financing	\$5.00	·	-
3		28			Trust Fund Contribution	Added t	•	
Zip	Country	Zip	Cor	untry	· ·		01663	ł
<u>ہ</u> ۔ "	. — '	⊢ '		2.10)	8. This corporation owes the current year		□No	
[4]	25 9. Name and Address of Curre	29	30	1	Personal Property Tax. 10. Name and Address of New Register			┨
······································	9. Name and Address of Corre	: Registered Agent		81 Name	10. Name and Address of New Register	eu Agent		┨
HEV	NTT, JOHN W.			Name				
	OCKTOWER PROFESSIONAL BL	DG STE 209		82 Street Ad	dress (P.O. Box Number is Not Acceptable)			1
	25 N MILITARY TRL	DG 31L 200			the second of th	ggi glan y ga vog ne	ar er Krijer i Kar]
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PAL	M BCH. GRDNS. FL 33410			84 City	PROTES A PARTICIPATION PARTIES AND THE SECOND	85 Zip C	1681 X581 1581	┨
				G4 City	F	EL 83 200 C	,og e	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the a	bove-named co	progration submits this statement for the purpose	of changing its	registered	1
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida *Such change was :	authorized	d by the cornors	ation's board of directors. I hereby accept the ap	pointment as req	gistered	1
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,				utes.	•			
SIGNATURE	Signature, tuned or printed name of registered an	ent and title if anniicable /NOT			(red when reinstelling)	<u> </u>	· · ·	_
	Signature, typed or printed name of registered ag	*,	E: Registered		ulred when reinstating) ADDITIONS/CHANGES TO DESICEDS	AND DIPECTO	DS IN 12	í
12.	Signature, typed or printed name of registered ag OFFICERS A	ND DIRECTORS	E: Registered	d Agent signature requ	ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS			11/08)
12. .	Signature, typed or printed name of registered ag OFFICERS A	*,	E: Registered 13.	d Agent signature requ		AND DIRECTO	RS IN 12	(41/08)
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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 changes, or on an attachment with an address, with all other like empowered.