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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F66529

(1)

1. Corporation Name

KEL-SAIL CORPORATION

Principal Place of Business

4012 W. 23RD. ST.
PANAMA CITY FL 32405
US

Mailing Address

4012 W. 23RD ST.
2615 MOUND AVENUE
PANAMA CITY FL 32405-1232
US

2. Principal Place of Business

21 SAME
Suite Apt. #, etc.

2a. Mailing Address

26 SAME
Suite Apt. #, etc.

22 City & State

23

Zip Country

24

27 City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

SALIBA, JIMMY T
2615 MOUND AVENUE
PANAMA CITY FL 32401

3. Date Incorporated or Qualified

02/09/1982

3a. Date of Last Report

01/23/1996

4. FEI Number

59-2162926

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

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 of person named as registered agent and fee if applicable

Signature of Registered Agent (Required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

STD
SALIBA, ELIAS T.
2615 MOUND AVE
PANAMA CITY, FL 00000

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DP
SALIBA, JIMMY T
2615 MOUND AVE
PANAMA CITY, FL 00000

TITLE NAME STREET ADDRESS CITY - ST - ZIP

VD
SALIBA, SAMMY T.
2615 MOUND AVE.
PANAMA CITY FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

VD
SALIBA, ELIAS T
2615 MOUND AVE
PANAMA CITY FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

STD
SALIBA, SAMMY T
2615 MOUND AVE
PANAMA CITY FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE 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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

904 866 1057

Date Daytime Phone #

CR2E034 (9/96)