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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F84406 1. Corporation Name KELLNER FINANCIAL SERVICES, INC

		10.							
Principal Place	e of Business	Mailing Address					1811 <b>3</b> 1311 01011 0	HONE WINNESS	
7402 S.W. 48TI	H ST.	7402 S.W. 48TH ST.					•		
P.O. BOX 5583	· · · <del>-</del> · · ·	P.O. BOX 558367			2				
MIAM! FL 33155-5367 MIAM! FL		MIAMI FL 33155-5367			DO NOT WRITE IN THIS SPACE				ı
					3. Date Incorporated or Qualifed 06/08/1982	•	e i i e fi i i	Profession	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		<u> </u>	plied For	菱
21		26			59-2195683			t Applicable	8
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	Additional	,
22		27						·	
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00		
23	0	28	Cour		Trust Fund Contribution		Added to	o rees	
Zip ├──┐	Country	Zìp		ntr y	8. This corporation owes the curre	ent year inta	angible Yes	□No	
24	25	29	30		Personal Property Tax.  10. Name and Address of New R	egistered /			
	9. Name and Address of Currer	it Registered Agent		81 Name	. Name and Address of New N	- Sister co	-gent	···	
KEL	LNER, STEWART C.								
	2 S.W. 48TH ST.			82 Street Ad	dress (P.O. Box Number is Not Accepta	•			
	MI FL 33155		-	83	1 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	र एक्टर करवारे । विश्वविद्यालिको	the call alter	Principle of the state of the s	ł
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				84 City		FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was a	uthorized	by the corpora	rporation submits this statement for the tion's board of directors. I hereby accep	purpose of t the appoir	changing its ntment as rec	registered gistered	
agent. I a					lead where refreshing ( ) ( ) ( )	DATE		1.44	۰
agent. I a SIGNATURE	Signature, typed or printed name of registered age	nt and titte if applicable. (NOTE	: Registered		ired when reinstating)	DATE FICERS AN	D DIRECTO	RS IN 12	(80
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age	ont and title if applicable. (NOTE	Registered	Agent signature requi	ADDITIONS/CHANGES TO OFF			RS IN 12	11/08)
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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 applicatement with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90038 014 \*\*\*150.00

305-665-3544