

AMOUNT DUE ON OR BEFORE 09/15/99: \$250 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90002 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G99238
1. Corporation Name
KEN PELTON CLU & ASSOCIATES, INC.

Principal Place of Business: 2995 E. BUDD DRIVE COOPER CITY FL 33026
Mailing Address: 2995 E. BUDD DRIVE COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: **03/05/1984**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2381498** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent
PELTON, KENNETH C
2995 E BUDD DRIVE
COOPER CITY FL 33026

10. Name and Address of New Registered Agent
81 Name: **Kathleen K. Pelton**
82 Street Address (P.O. Box Number is Not Acceptable): **2995 East Budd Drive**
83
84 City: **COOPER CITY** FL 85 Zip Code: **33026**

11. Pursuant to the provisions of sections 607.1502 and 607.1509, 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 607.1505, Florida Statutes.
SIGNATURE: *Kathleen K. Pelton* **President** DATE: **7-29-99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PELTON, KENNETH	
STREET ADDRESS	2995 EAST BUDD DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kathleen K. Pelton	
1.3 STREET ADDRESS	2995 East Budd Drive	
1.4 CITY-ST-ZIP	COOPER CITY, FL 33026	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 changed or on an attachment with an address.
SIGNATURE: *Kathleen K. Pelton* **President** DATE: **7-29-99** Daytime Phone #: **954-432-5544**

CR2E034 (5/99)