

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H25862 (4)

1. Corporation Name

KEL ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~% LEWIS ANSBACHER~~
~~4215 SOUTHPOINT BOULEVARD, SUITE 100~~
~~JACKSONVILLE FL 32216~~

% LEWIS ANSBACHER
4215 SOUTHPOINT BOULEVARD, SUITE 100
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified
10/16/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2575 CR 220

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #107

27

City & State

City & State

23 Middleburg, FL

28

Zip

Country

Zip

Country

24 32068

25

29

30

4. FEI Number

59-2460150

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANSBACHER, LEWIS
4215 SOUTHPOINT BOULEVARD
SUITE 100
JACKSONVILLE FL 32216

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 typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	ANSBACHER, LEWIS	4215 SOUTHPOINT BLVD#100	JACKSONVILLE FL	<input type="checkbox"/>
D	SCHNEIDER, MICHAEL N.	4215 SOUTHPOINT BLVD#100	JACKSONVILLE FL	<input type="checkbox"/>
PS	MENARD, JAMES	1676 DEBBIE LANE	ORANGE PARK FL	<input type="checkbox"/>
DT	MENARD, MARY BETH	1676 DEBBIE LANE	ORANGE PARK FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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4/2/96 904-222-5405

SIGNATURE:

James Menard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)