

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J11333

(8)

1. Corporation Name

KALENY, INC.

Principal Place of Business

1. PATRICK F. HEALY  
230 FLAMINGO DR  
MELBOURNE BCH. FL 32951-0729

Mailing Address

1. PATRICK F. HEALY  
230 FLAMINGO DR  
MELBOURNE BCH. FL 32951-3729

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

HEALY, PATRICK F.  
700 SOUTH BABCOCK STREET  
P.O. BOX 2523  
MELBOURNE FL 32902-2523

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PT  
NAME: CHAPMAN, HAROLD W.  
STREET ADDRESS: 230 FLAMINGO DRIVE  
CITY-ST-ZIP: MELBOURNE BCH. FL

DELETE

TITLE: D  
NAME: CHAPMAN, HAROLD W.  
STREET ADDRESS: 230 FLAMINGO DRIVE  
CITY-ST-ZIP: MELBOURNE BCH. FL

DELETE

TITLE: S  
NAME: CHAPMAN, LINDA C  
STREET ADDRESS: 230 FLAMINGO DR  
CITY-ST-ZIP: MELBOURNE BCH FL

DELETE

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

DELETE

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

DELETE

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

DELETE

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

ON BEHALF OF CHAPMAN

Apr. 26, 1997

400-722-9454



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May 02 1997 8:00am  
Secretary of State

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