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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J38952

(4)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

MCKEL CORPORATION

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

| Principal Place of Business | Mailing Address |
|-----------------------------|-------------------------|
| 2610 HEATHERWOOD CIRCLE | 2610 HEATHERWOOD CIRCLE |

FILED Apr 28 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

04/08/1996

This corporation has liability for intendible tay under s. 199 032

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

10/22/1986

59-2731597

4. FEI Number

| 24 | 25 | 29 | 30 | | | Florida Statutes Yes X No | | | |
|---|---|--------------------------------|--|---|----------------|--|-----------|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | |
| KELL | KELLY, JAMES L. | | | | | | | | |
| 2610 | 2610 HEATHERWOOD CIRCLE | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| VENICE FL 34292 | | | - Charles (10. Box (and not recognise) | | | | | | |
| i | | | | B3 | | | | | |
| | | | | 84 | City | 85 Zip Code | | | |
| | | | | 04 | City | FL 85 Zip Code | 1 | | |
| 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 registers | | ····· | d Age | nt signature t | required when reinstating) DATE | | | |
| 12. | OFFICERS | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | | | |
| TITLE | PELLY IAMES ! | ☐ DE | | | ļ | Change | Addition | | |
| NAME | KELLY, JAMES L. 2810 HEATHERWOOD CRO | N | 1.2 N | | - 1 | | Į. | | |
| STRULT ADDRESS | VENICE FL | λ. | 1 | | ADDRESS | | - 1 | | |
| CHY-SI-2IP | V VENIOE IL | DEI | | TY-S | I - ZIP | Change | Addition | | |
| TITLE | MCCUE, WALTER W. | ומע ביין | 1 *** | | ļ | Crarige C | Audition | | |
| NAME | 1009 SQUAW VALLEY CT. | | 22 N | | | | l | | |
| STREET ADDRESS | VENICE FL | | 1 | | ADDRESS | | 1 | | |
| CHY-ST-ZIP TITUE | TEMOLIE | DE | | ITY-\$ | 1 - ZIP | Change | Addition | | |
| NAME | | L., DC | 3,3 H | | 1 | | radillon | | |
| STHEET ADDRESS | | | • • • • | | ADDRESS | | | | |
| Į. | | | | | | | 1 | | |
| CITY-ST ZIP TIFLE | | [] DE | | MY-S | 1-212 | Change I | Addition | | |
| NAME | | | 4,21 | | l | | | | |
| STREET ADORESS | | | • | | ADDRESS | | - 1 | | |
| CITY: S1: ZiF | | | | TY-8 | | | 1 | | |
| MILE | | ☐ DEI | | | | Change | Addition | | |
| NAML | | | 5.2 N | AME | 1 | | } | | |
| STREET ADDRESS | | | 5.3\$ | TREET | ADDRESS | | 1 | | |
| City - ST - Zip | | | 5.4 C | ITY-\$ | r-ZiP | | ĺ | | |
| Title | | ☐ D£ | | | | ☐ Change ☐ | Addition | | |
| NAME | | | 6.2 N | AME | | | | | |
| STREET ADDRESS | | | 638 | TREET | ADDRESS | | (| | |
| CHTY - ST - ZIP | | | 6.4 C | ITY-S | T-ZIP | 1 | } | | |
| 14. I do heret | by certify that the information sur | optied with this filing does n | ot qualify for the | 9xe | mption sta | stated in Section 119.07(3)(i), Florida Statutes. I further certify that the | ath: that | | |
| 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. | | | | | | | | | |

CER OR DIRECTOR