

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

FILED
Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J65359 (8)
1. Corporation Name
KELPIE INC.

Principal Place of Business 2513 E LAS PLAS BLVD 2881 E OAKLAND PARK BLVD. FT. LAUDERDALE FL 33301 US	Mailing Address 2513 E LAS OLAS BLVD 2881 E OAKLAND PARK BLVD. FT. LAUDERDALE FL 33301-1517 US
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3. Date Incorporated or Qualified 04/03/1987	3a. Date of Last Report 06/18/1996
4. FEI Number 65-0001717	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2513 E. LAS OLAS BLVD. Suite, Apt. #, etc. 22 City & State 23 FT. LAUDERDALE, FL. Zip 24 33301	2a. Mailing Address 25 2513 E. LAS OLAS BLVD Suite, Apt. #, etc. 26 City & State 27 FT. LAUDERDALE, FL. Zip 28 33301	29 USA	30 USA
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9. Name and Address of Current Registered Agent
ASHCRAFT, WILLIAM E.
450 N. FEDERAL HIGHWAY
SUITE 210
FT. LAUDERDALE FL 33301
2786 N.E. 19th ST.
33305

10. Name and Address of New Registered Agent	
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 NAME STREET ADDRESS CITY - ST - ZIP	PD HASKELL, C REANEY JR 2513 E. LAS OLAS BLVD. FORT LAUDERDALE FL <input type="checkbox"/> DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HASKELL, LAURA 2513 E. LAS OLAS BLVD. FORT LAUDERDALE FL <input type="checkbox"/> DELETE Change
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	VICE PRESIDENT SECRETARY, TREASURER, DIRECTOR LAURA HASKELL 2513 E. LAS OLAS BLVD FT. LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Laura Haskell 1-6-97 (954) 523-7461

CR2E034 (9/96)