SECOND AMOUNT DUE	NOTICE: CORPO	PRATION WILL BE D	ISSOLVED ON OR AFTE VED, MINIMUM AMOUNT I	R AUGUST	7, 1996.			
COR ANNU	PROFIT RPORATION JAL REPORT <b>1996</b>		FLORIDA DEP Sandra Secre		STATE			
<u> </u>	MENT #	J95879	(9)					
KELL F	ARM, INC.		• • • • • • • • • • • • • • • • • • • •				1011 01614 01011 0-D	
Principal Place of Business Mailing Address								
P.O. BOX 1647 JUPITER FL 33468			P.O. BOX 1647 JUPITER FL 33468			•		
0.00						3. Date Incorporated or Qualified 10/02/1987		of Last Report 1/1995
21 Principal Pi	. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0025009		Applied For Not Applicable	
Suite, Apt :	Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	[]	\$8.75 Additional Fee Required	
City & State			City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	25	Country  Address of Current R	Zip 29	30 Count	ry	8. This corporation has liability for Florida Statutes	Yes 🔲 I	No
	L, MARVIN		egisteren Agent	8	1 Name	10. Name and Address of New F	egistered Age	ent
10472 165TH STREET NORTH P.O. BOX 1647				8:	2 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
JUPITER FL 33478				8:	3			
				64	4 City			35 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, office or registered agent, or both in the State of Florida. Such change with and accept the obligations of Section 607.0508. Florida Society for Section 607.0508.					e-named corp	oration submits this statement for the	FL '	riging its registered
agon, . o	n familiar with, an	d accept the obligation	ns of, Section 607.0505, F	authorized by lorida Statute	y the corporati s	on's board of directors. I hereby accep	ot the appointm	nent as registered
	Signature typed or print	of name of registered agost an		OTE Forgistered Ag	ent's gnature requ	red when runstating)	DAIL	
12.	P	OFFICERS AND DIRECTORS 13.  P DELETE 11 HILE			ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTORS IN 12 99 Change Addition	
NAME				1.2 NAME			<b></b> J	A void on $\omega$
STREET ADORESS CITY-ST-ZIP	HINTED C		1 3 STREET AC					RECTORS IN 12 Change Addit on 80
TITLE	VST		DELETE	14 C·TY - 2 1 Title	ST-ZIP			Change Addition
NAME	ss PO BOX 1647 NA			2.2 NAME				
STREET ADORESS CITY-ST-ZIP	HIDITED EL			2 3 STREET ADDRESS 2 4 CITY - ST - ZIP				
TITLE			DELETE	3 1 TITLE				Change Add-tion
NAME STREET ADDRESS	ADDRESS			3 2 NAME 3 3 STREET ADDRESS				,
CITY - ST - ZIP				34 CITY				
TIFLE NAME			DELETE	41 TITLE				Change Addition
STREET ADDRESS				4 2 NAME	T ADDRESS			
CITY - ST - ZIP				4.4 CHY -				
TITLE			DELETE 51 TITLE 52 NAME					Change Addition
STREET ADDRESS					T ADDRESS			
CITY - ST - ZIP			DOLETE	5.4 Cily -	ST · ZIP			
NAME			DELETE	6 1 TITLE 6 2 NAME				Change Addition
STREET ADDRESS					T ADDRESS			
CITY-SI-ZIP  14. I do hereby certify that the information supplied with this filing is voluntarily furnity further certify that the information indicated on this annual regardless than the information indicated on this annual regardless than the information indicated on the the information				64 City - urnished and	does not ougl	ify for the exemption stated in Section	119 07/21/LV E	lorida Stallitee
made unde	er oath, that I am a	an officer or director of	the corporation or the rec	entar annuari eiver or truste	report is true a 3e empowered	the accurate and that my signature shi If to execute this report as required by	all have the sar Chanter 617 F	ne legal effect as if   Toxida Statutes and
	(	ICK 12 OF BIOCK 13 If Ch	anged, or on an attachme	nt with an add	dress	122	S	6/-
SIGNAT	JRE:sigi	NATURE AND TYPED OR PR	NTED NAME OF SIGNING OFFICER	OR DIRECTOR	HIVCY	KELL 6-7-90	6	47-2005