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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

KEHL, CAF	t T. CH FL 33060 f Business	Mailing Address % CARL J. KE 331 S.E. 3RD 9 POMPANO BEA 2a. Mailing Address 26 Suite, Apt. #, e 27 City & State 28 Zip 29	ST. ICH FL 3306 0	•		 Date Incorporated or Qualified 09/29/1988 FEI Number 65-0079633 	3a. Date)3/01/	
Principal Place o Suite, Apt. #, etc Oty & State Zip KEHL, CAF 331 S.E. 3	Country 25	2a. Mailing Address 26 Suite, Apt. #, e 27 City & State 28 Zip	3			09/29/1988 4. FEI Number)3/01/	1995 Applied For
Strite, Apt. #, etc Oity & State Oip. 9. KEHL, CAR 331 S.E. 3	Country 25	26 Suite, Apt. #, e 27 City & State 28 Zip						60.7	
Oity & State Zip 9. KEHL, CAR 331 S.E. 3	Country 25	Suite, Apt. #, e 27 City & State 28 Zip	tc.					60.7	
9. KEHL, CAR 331 S.E. 3	25	City & State 28 Zip				5. Certificate of Status Desired			5 Additional e Required
9. KEHL, CAF 331 S.E. 3	25	Zip		City & State		6. Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be Added to Fees		
KEHL, CAF			30	Country	7	8. This corporation has liability for in Florida Statutes Yes	intangible ta:	k under	s 199.032,
331 S.E. 3						10. Name and Address of New R	legistered A	gent	
331 S.E. 3				81	Name				
				82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
POMPANO	BEACH FL 33060			83					
				84	City		FL	85	Zip Code
SIGNATURE SIGNAT	PST	it and title if application NO DIRECTIONS DELETI	1	erad Aga 3. . 1 TITLE	nt signature required	I when reinstating) ADDITIONS/CHANGES TO OFF		DIRECT	
LEL ADDRESS	KEHL, CARL J. 331 S.E. 3RD ST.			.2 NAME .3 Stree	T ADDRESS				
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tr	KEHL, CARL J.		1	2 NAME			_	. .	
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F-ST-ZIP	POMPANO BEACH FL	DELET		4 City -:			r	Chang	e 🔲 Additio
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H LADÜRESS				3 STREE 3 4 CITY -	T ADDRESS				
r-SI-ZIF , I do hereby ce	rtify that the information supplied	with this filing is voluntar	ily furnished a	and do	es not qualify t	or the exemption stated in Section 119).07(3)(k), Fk	rida Sta	itutes. I further
 certify that the oath, that I am 	information indicated on this an	nual report or supplement poration or the receiver or	al annual rep trustec empo	ort is tr	rue and accura	ate and that my signature shall have the is report as required by Chapter 607, F	e same legal	effect a	is if made unde