Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90132 047 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1.50

7. Corporatio	N. KELLY, CERTIFIED PUBI						
Principal Plac	e of Business	Mailing Address				1811 A1911 B1811 B1811 B1	
% BETTY W. KELLY 843 N WOODLAND BLVD DELAND FL 32720		% BETTY W. KELLY 843 N WOODLAND BLVD DELAND FL 32720		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					02/27/1990		l
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26			59-2986033		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re	,
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution Added to Fees			
Zip	Country Zip Co		Country	; —	8. This corporation owes the current year		_
24	25 29 30		30		Personal Property Tax.		□No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registe	red Agent	
VELI	V BCTTV W		81	Name			
KELLY, BETTY W.				Street	Address (P.O. Box Number is Not Acceptable)		
843 N WOODLAND BLVD DELAND FL 32720			-				
DEL	AND FL 32/20		83				
4			84	City		FL 85 Zip C	Code
→ office or r	to the provisions of Sections 607.050 registered agent, or both, in the State m familiar with, and accept the obligations are secured to the obligations of the security of the security of the provisions of the	of Florida. Such change was au	thorized by	the corpo	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	e of changing its i ppointment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (NOTE:	Registered Age	nt signature r	equired when reinstating) DAT		······································
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER:		
TITLE	D	☐ ⊅ELETE	1.1 TITLE		M. SCOTPKELLY	Change	Addition
NAME	KELLY, BETTY W.		12 NAME	ľ	2792 OAKRA		Ì
STREET ADDRESS			1.3 STREE	TADDRESS			
CITY-ST-ZIP	<del></del>		1.4 CITY-S	T- ZIP	Delano, FL. 32720		Addition
TITLE			2.1 TITLE	į		☐ Change	L.J Addition
NAME			2.2 NAME				ĺ
STREET ADDRESS			2.3 STREE				,
CITY-ST-ZIP	☐ DELETE		2.4 CITY-S	ST-ZIP		☐ Change	☐ Addition
TITLE	C) DETELE		3.1 TITLE			C) cuange	
NAME			3.2 NAME	* * * * * * * * * * * * * * * * * * * *			
STREET ADDRESS				TADORESS			
TITLE	DELETE		3.4. CITY-ST-ZIP 4.1 TITLE			Change	☐ Addition
NAME			4, 2 NAME				_
STREET ADDRESS			4.3 STREE				}
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			52 NAME				ļ
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME		• •		}

14. I 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

BETTY W. KELLY