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PROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L70164

KELADA CORPORATION

05-10-1999 90050 026 ***150.00

Principal Place of Business Mailing Address P.O. BXP 16014 TEMPLE TERRACE FL 33687-6014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/03/1990 2. Principal Place of Business 2a. Mailing Address 25 Q302 Pebble Creek Price 26 Q302 Pebble Creek Price 26 Q302 Pebble Creek Price 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 City & State 20 City & State 21 City & State 22 City & State 23 Country 24 Trust Fund Contribution 25 Country 26 Country 27 Country 28 This corporation owes the current year Intangible 29 ONOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/03/1990 4. FEI Number 59-3019577 Not Applicable 50 Certificate of Status Desired 50 Election Campaign Financing 50 Financing 50 Financing 50 Financing 50 Financing 50 Financing 51 Financing 52 Financing 53 Financing 54 Financing 55 Financing 55 Financing 56 Election Campaign Financing 57 Financing 58 Financing 58 Financing 58 Financing 58 Financing 58 Financing 59 Financing 59 Financing 59 Financing 50 Fina													
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28	Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Certifcate of Status Desired		Fee R	equired
A Section of Contract Registered Agent Section 507,0502 and 507,0502	City & State		28	City									
KELADA, ONCI N. 9302 PEBRLE CREEK DRIVE TAMPA FL 33647-9422 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-name corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-name corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPC KELADA, ONCI N. 12.NWE SISTER ADDRESS 14.GTY-ST-2P TITLE DELETE 1.TITLE DELETE 1.TITLE DELETE 1.TITLE DELETE 2.YNWE 2.3 STREET ADDRESS 3.1 GTY-ST-2P TITLE DELETE 3.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-2P TITLE DELETE 3.1 TITLE 1.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-2P TITLE DELETE 3.1 TITLE 1.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-2P TITLE DELETE 3.1 TITLE 1.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-2P TITLE DELETE 3.1 TITLE 1.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-2P TITLE DELETE 3.1 TITLE 1.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-2P TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE Change Addition Addition Addition Addition Addition Addition Addition ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 TAMPA FL Change Addition Addition ADDITIONS CHANGES CHANGE 3.3 STREET ADDRESS 3.4 CITY-ST-2P TITLE DELETE 3.1 TITLE Change Addition Addition Addition Addition Addition Addition ADDITIONS CHANGES CITY-ST-2P TITLE Change Addition Addition Addition Addition Addition ADDITIONS CHANGES CITY-ST-2P TITLE Change Addition Addition ADDITIONS CHANGES ADDITIONS CHANGES ADDITIONS CHANGES ADDITIONS CHANGES TITLE ADDITIONS CHANGES TITLE ADDITIONS CHANGES ADDITIONS CHANGES TITLE ADDITIONS C	Zip 24	25		3					gh.	Personal Property Tax.		Yes	□No
KELADA, ONCI N. \$302 PEBRILE CREEK DRIVE TAMPA FL 33647-9422 Street Address (P.O. Box Number is Not Acceptable)		9. Name and Address of Current	Regi	sterec	l Agent					10. Name and Address of New I	Registered A	Agent	
3302 PEBBLE CREEK DRIVE TAMPA FL 33647-9422 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the applications of Sections 607.0505, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the application of Section 607.0505, Floridal Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES		DA GNOLN					81	Name					
### City FL 85 Zip Code ### Ci							82	Street	Addres	ss (P.O. Box Number is Not Accept	able)		
The provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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 and size in the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITIE DPC STREET ADDRESS OFFICERS AND DIRECTORS IN 12. TITLE DPC TAMPA FL DELETE 1.3 STREET ADDRESS OTY-51-2P TAMPA FL DELETE 2.1 TITLE DELETE 2.2 TITLE DELETE 2.3 TITLE DELETE 3.3 STREET ADDRESS CITY-51-2P TITLE DELETE 3.3 STREET ADDRESS CITY-51-2P TITLE DELETE 3.4 CITY-51-2P TITLE DELETE 3.5 TITLE DEL	TAME	PA FL 33647-9422					83	3					
11. Pursuant to the provisions of Sections 807 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 protein rame of registered agent and title if applicable. (NOTE: Registered Agent agreement agent and registered agent							84	City			EI	85 Zip	Code
. office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby screep the application agent and minimal main and accept the obligations of, Section 607/0506, Findra Stateures. Signature	44 =			007.45	'00 Fl Ct-	4.4.0.4	no obo	l named	205505	ration submits this statement for the		changing its	s registered
Signature, Speed or printed name of registered agent and time if applicable. (NOTE, Registered Agent superuser required when remainting) SALE	office or re	adistered agent or both in the State (of Flori	ida Su	ich change wa:	s author	rized by	the cord	oration	's board of directors. I hereby acce	pt the appoir	ntment as n	egistered
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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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

813-973-2882