FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L71059** **(4)**

1. Corporation Name
KALEP OF THE AVENUES, INC.

Principal Place of Business
1301 RIVERPLACE BLVD
STE 1500
JACKSONVILLE FL 32207
US

Mailing Address
1301 RIVERPLACE BLVD
STE 1500
JACKSONVILLE FL 32207
US

3. Date Incorporated or Qualified: **05/08/1990**
3a. Date of Last Report: **03/17/1995**

4. FEI Number: **59-3018002** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has elected to be taxed under s. 1901.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 233 East Bay Street
Suite Apt. #
22 Suite 901, Blackstone Bldg.
City & State
23 Jacksonville, FL
Zip
24 32202
Country
25 USA

2a. Mailing Address
26 233 Easy Bay Street
Suite Apt. #
27 Suite 901, Blackstone Bldg.
City & State
28 Jacksonville, FL
Zip
29 32202
Country
30 USA

9. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L.
1301 RIVERPLACE BLVD
STE 1500
JACKSONVILLE FL 32207

See Block #10 for new address only

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
233 East Bay Street
83 Suite 901, Blackstone Bldg.
84 City: Jacksonville FL
85 Zip Code: 32202

11. Pursuant to the provisions of Section 607.0505 and 607.0506 of 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 such appointment under Florida Statutes.

SIGNATURE: [signature] Date: 1/18/96

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip	Delete
DVP	LEPRELL, SAMUEL L.	1301 RIVERPLACE BLVD STE 1500	JACKSONVILLE FL	☐
DP	KLECHAK, DIANE	1301 RIVERPLACE BLVD STE 1500	JACKSONVILLE FL	☐
ST	LEPRELL, SAMUEL L.	1301 RIVERPLACE BLVD STE 1500	JACKSONVILLE FL	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City, St, Zip	Change	Addition
1				☐	☐
2				☐	☐
3				☐	☐
4				☐	☐
5				☐	☐
6				☐	☐

14. I declare, certify, that the information supplied with this report or statement, including but does not qualify, for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further certify, that the information included in the 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 added by amendment with an address.

SIGNATURE: [signature] 1/18/96 404-323-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)