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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L71059

(4)

1. Corporation Name
KALEP OF THE AVENUES, INC.



Principal Place of Business
233 EAST BAY STREET
SUITE 901, BLACKSTONE BLDG.
JACKSONVILLE FL 32202
US

Mailing Address
233 EAST BAY STREET
SUITE 901, BLACKSTONE BLDG.
JACKSONVILLE FL 32202-3452
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 9. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L.
233 EAST BAY STREET
SUITE 901, BLACKSTONE BLDG.
JACKSONVILLE FL 32202

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
05/08/1990

3a. Date of Last Report
02/07/1996

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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 of person who is not a registered agent must be signed by a notary public)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DVP
LEPRELL, SAMUEL L.
STREET ADDRESS
1301 RIVERPLACE BLVD STE 1500
CITY - ST - ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
DP
KLECHAK, DIANE
STREET ADDRESS
1301 RIVERPLACE BLVD STE 1500
CITY - ST - ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
ST
LEPRELL, SAMUEL L.
STREET ADDRESS
1301 RIVERPLACE BLVD STE 1500
CITY - ST - ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

904-353-4433

Date

Examine Filing

CR2E034 (9/96)