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FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1990

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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 agent 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DVP

DELETE

NAME

LEPRELL, SAMUEL L.

STREET ADDRESS

1301 RIVERPLACE BLVD STE 1500

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

DP

DELETE

NAME

KLECHAK, DIANE

STREET ADDRESS

1301 RIVERPLACE BLVD STE 1500

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

ST

DELETE

NAME

LEPRELL, SAMUEL L.

STREET ADDRESS

1301 RIVERPLACE BLVD STE 1500

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D, VP, T

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

233 EAST BAY ST., Suite 901

1.4 CITY - ST - ZIP

JACKSONVILLE, Florida 32202

2.1 TITLE

D, P, S

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

943 CECILY BLVD.

2.4 CITY - ST - ZIP

JACKSONVILLE, FL

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/98

904-353-4433

Date

Daytime Phone #

0030414

CR2E034 (10/97)