FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 25 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L78720

1. Corporation Name: KELEV ENT. INC.

Principal Place of Business: 5379 W. ATLANTIC BLVD. MARGATE, FL. 33063

Mailing Address: 2371 INVERWOOD DR ACWORTH, GA 30101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: JUNE 1990
3a. Date of Last Report: APRIL 1994

2. Principal Place of Business
21: 5379 W. ATLANTIC BLVD.
Suite, Apt. #, etc. 22:
City & State 23: MARGATE FL
Zip 24: 30063 Country 25: USA

2a. Mailing Address
26: 2371 INVERWOOD DR.
Suite, Apt. #, etc. 27:
City & State 28: ACWORTH, GA
Zip 29: 30101 Country 30: USA

4. FEI Number: 65-0199821 ☐ 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

9. Name and Address of Current Registered Agent

ADAM B. KATZ
2371 INVERWOOD DR
ACWORTH, GA 30101

10. Name and Address of New Registered Agent

81 Name: ADAM B. KATZ
82 Street Address (P.O. Box Number is Not Acceptable):
83: 23056 S.W. 55TH AVE
84 City: BOCA RATON FL 85 Zip Code: 33433

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: Adam B. Katz (ADAM B. KATZ) PRESIDENT 7-3-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P, S, T	11 TITLE	☐ Change ☐ Addition
NAME	ADAM B KATZ	12 NAME	
STREET ADDRESS	2371 INVERWOOD DR	13 STREET ADDRESS	
CITY-ST-ZIP	ACWORTH GA 30101	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Adam B. Katz (ADAM B. KATZ) 7-3-95 404-426-4475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #