**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # M14166

1. Corporation Name

KALIK, ELWOOD, RICHARDSON & ASSOCIATES, INC.

Principal Place of Business Mailing Address				-		1 (ddiff) i an man month man ann ann ann ann ann	e, e. r e e e e e e e e e e e e e e e e e	
5872 PENNECK PT RD JUPITER FL 33452  5872 PENNECK PT RD JUPITER FL 33458						DO NOT WIDITE IN 71115	COACE	
US U\$						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 04/18/1985		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	pplied For
21		26				59-2524620		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired .		Additional
22	<u> </u>	27	:	-		3		equired~
City & Stat	te .	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year in	tangible Yes	□No
24	25	29	30			Personal Property Tax.  10. Name and Address of New Registered		מאום
<b>-</b>	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered	- Ageist	
CI VA	OOD IMES C		1	ا' ٥	изше		_	
ELWOOD, JAMES C 5872 PENNOCK PT RD				82	Street Addr	Idress (P.O. Box Number is Not Acceptable)		
l			1					
JUP	ITER FL 33458		}'	83		<b>多。                                    </b>		
			ļ.	84	City	· 的表示	<b>85</b> Zip	Code: :
						oration submits this statement for the purpose of		
l office or n	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was tions of, Section 607.0505, F	authonzed Iorida Statul	by tr tes.	ne corporatio	on's board of directors. I hereby accept the appo	intment as r	egistered
42	Signature, typed or printed name of registered age	ID DIRECTORS	13.	yen a	signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.	DP OFFICERS AN	DELETE	1,1 TiTl	F		. Solliette et alle et	Change	
İ	ELWOOD, JAMES C.		1.2 NAA				• •	
NAME	4004 1045 15 144417 4004				ODRESS S	1872 I ENNOCK PT. NUA INDITER, FL. 33458	D	
STREET ADDRESS	1	•			TIO L	NOTTER. FL. 33458		
CITY-ST-ZIP	FT. LAUDERDALE FL.	☐ DELETE	1.4 CIT		ZIP		Change	Addition
TITLE	2			2.1 TITLE 2.2 NAME				_
NAME	CHEEMA, BALWANT S.							
STREET ADDRESS			8		DORESS	ووالمحافي الماسيون		· •
CITY-ST-ZIP	FT. LAUDERDALE FL	DELETE			·ZIP ·		Change	Addition
TITLE	DV ,	☐ OCTE15	3.1 7171				- ananga	
NAME	KALIK, LANNY		3.2 NA			•		
STREET ADDRESS					ADDRESS			•
CITY-ST-ZIP	FT. LAUDERDALE FL	□ DELETE	3.4. CfT		- Z)P	<del></del>	Change	Addition
TITLE		□ nere ie	4.1 TITU					
NAME			4. 2 NA					
STREET ADDRESS		•			ADDRESS			
CITY-ST-ZIP			4.4 CIT		ZIP		Channe	☐ Addition
TITLE		☐ DELETE	5.1 TITU				Change	
NAME	ł		5.2 NAM					
STREET ADDRESS	-				ADDRESS			
CITY-ST-ZIP			5.4 CIT		ZIP	•	===	
TITLE		☐ DELETE	6.1 TITI				Change	Addition
NAME	1		6.2 NA	MĒ				
ı	, ,		6257	DEET A	ADDRESS			

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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-\$T-ZIP

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90096 037 \*\*\*150.00