## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 05 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000010544 (3)

I. KELA, COMPANY

Principal Pla	ice of Business	Mailing Address	ailing Address			-   10061001 110 1017# 11111 0011 9011 9011	I DI DE MARA DI	AYDI DYAH DYAH	il <b>divi 184</b> 1
1443 TALLEVAST ROAD 1443 TALLEVAST ROAD SARASOTA FL 34243 SARASOTA FL 34243-5035									
						3. Date Incorporated or Qualified 02/01/1993		te of Last F <b>7/1996</b>	Report
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number 65-0386884		<u> </u>	pplied For lot Applicable
Suite, Ap	t #, etc.	Suite, Apt. #, etc.							Additional
22	7 - Control Control of the Control o	[27]				5. Certificate of Status Desired			lequired
City & St.	ate	City & State				6. Election Campaign Financing	_		May Be
<b>23</b> Zip	Country	<b>28</b>	Country	····		Trust Fund Contribution			to Fees
24	25]	29	30	,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\bigcap \) No			
	9. Name and Address of Curre					10. Name and Address of New Reg			
	SCHNITZKY, INGE		81		Name				
	13 TALLEVAST ROAD		82	+-	Street Addre	ss (P.O. Box Number is Not Acceptabl	e)	<del></del>	
SAI	rasota FL 34243		83				· · · · · · · · · · · · · · · · · · ·		<u></u>
			84	<u> </u>	City			Taw Tay	<u> </u>
*					City		FL.	11	Code
Office or	i acaisterea adenii of botti in me State	YOF HOOMA SUCE CEARGE WAS	: Authorized hi	u ti	named corpo he corporatio	ration submits this statement for the punis board of directors. I hereby accept	rpose of	changing i	ts registered registered
agent I	am familiar with, and accept the oblig	jalions of, Section 607.0505, F	Torida Statute	S.	•	,			
SIGNATURE	Signature, type d'or printed name of region sed ag	eor and title if applicative (NC	TE Flagistered Ag	ent:	s onalure required	1 when reinstating)	DATE		······
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		DIRECTOF	RS IN 12
TITLE	DVP	☐ DELETE	1.1 TITLE					Change	Addition
NAME	KUSCHNITZKY, PETER		1,2 NAME						
STREET ADDRESS			1.3 STREET	T AD	)DRESS				
C:TY - ST - ZIP	SARASOTA FL		1.4 CITY - 5	ST-2	ZIP				
TITLE	KUSCHNITZKY, INGE	L) DELETE	2.1 TITLE					∐ Change	Addition
NAME	ANA DOCEMEND		2.2 NAME						
STREET ADDRESS	SARASOTA FL		2.3 STREET						
CHTY - ST - ZIP TITLE	- Orderoom 12	DELETE	2 4 CITY~:	ST-	ZIP			Change	Addition
NAME			3.2 NAME				,	J Change	L. Notition
STREET ADDRESS			3.3 STREET	T AD	XDRESS				
CITY - ST - ZIP			34. CITY-		- 1				
THLE		DELETE	4 1 TITLE					Change	Addition
NAME			4 2 NAME		}		-	•	
STREET ADDRESS			43 STREET	T AD	DRESS				
CITY - ST - ZIP			4.4 City - 9	ST-2	ŽIP				
TITLE		DELETE	51 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ACIDRESS			53 STREET						
TITLE		DELETE	5.4 CITY - S	ST - 7	ZIP				Addes
NAME			61 TITLE				į	Change	Addition
STREET AODRESS			6.2 NAME		oppres				
Offy-ST-Zir			6.3 STREET						
<b>14.</b> I do here	Leading that the information supplier	d with this filing does not qua	6.4 CITY - S lify for the exe	m	ntion stated in	n Section 119.07(3)(i). Florida Statutes.	I further	certify that	the
morman	ion ind-cared on trus annuar report or s	suppliemental appual report is:	True and acci	IIIA	n lerii bae an	ny signature shall have the same legal as required by Chapter 607, Florida Sta	offect or i	if mada un	dor ooth that l

Date