

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:15

DOCUMENT # P93000019846 (3)

1. Corporation Name

KALEKY COMPUTER CONSULTING, INC.

Principal Place of Business

209 JACARANDA DR.
PLANTATION FL 33324

Mailing Address

209 JACARANDA DR.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0408312

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

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

10. Name and Address of New Registered Agent

KALEKY, ROBERT
4001 S OCEAN DRIVE
#12P
HOLLYWOOD FL 33019

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 Agent) (Printed Name of Registered Agent) (Printed Name of Agent)

(Signature of Agent) (Printed Name of Registered Agent) (Printed Name of Agent)

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	KALEKY, ROBERT
3. STREET ADDRESS	209 JACARANDA DR.
4. CITY, ST, ZIP	PLANTATION FL 33324
1. TITLE	D
2. NAME	KALEKY, SANDY L
3. STREET ADDRESS	209 JACARANDA DR.
4. CITY, ST, ZIP	PLANTATION FL 33324
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDY LIGHTHRIEMAN KMELEY 1/9/95 305-423-8809