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

**PROFIT** CORPORATION ANNUAL REPORT



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

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**DOCUMENT #** 

P93000019846 (3)

KALEKY COMPUTER CONSULTING, INC.

Principal Place of Business	Mailing Address	. saansaar ma sanar siiri aasin Arrii Galii Galii (1912 (6.6) 1614 (6.6) (1916 (1))
209 JACARANDA DR. PLANTATION FL 33324	209 JACARANDA DR. PLANTATION FL 33324	
		3. Date Incorporated or Qualified 3a. Date of Last Report

								02/24/1993		01/13/1995
2.	Principal Place of Busine	ess .	2a	. Mailing Address				4. FEI Number	•	Applied For
21			26					65-0408312		Not Applicable
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc				5. Certificate of Status Desired		\$8.75 Additional Fee Required
23	City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Zip	Country <b>25</b>	29	Zιρ	30	ntry		This corporation has liability for I Florida Statutes	ntangible CM []]	•
	9. Name	and Address of Cu	rrent Regis	stered Agent				10. Name and Address of New R	egistere	d Agent
	KALEKY, ROBERT					B1 82	Name Street Addre	ass (P.O. Box Number is Not Acceptab	(ما	
4001 S OCEAN DRIVE #12P				83						
HOLLYWOOD FL 33019					84	City		F	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 Standard, typed or printed name of regetured agont and the ill applicable. (NOTE Registered Agont signature required when reinstating). DATE								
12.	Supplies typed or printed name of regelered agost and their applicable.  OFFICERS AND DIRECTORS		E. Registered Agenit signature required 13.	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	DELETE	1. 1 TITLE	Change Addition				
NAME	Kaleky, Robert		1.2 NAME	_ · L				
STREET ADDRESS	209 JACARANDA DR.		1.3 STREET ADDRESS					
C(1) Y - S1 - Z(P	PLANTATION FL 33324		1.4 CITY - ST - ZIP					
TIFLE	D	☐ DELETE	2. 1 TITLE	☐ Change ☐ Addition				
NAME	KALEKY, SANDY L		2.2 NAME	<del>-</del> · · ·				
STREET ADDRESS	209 JACARANDA DR.		2 3 STREET ADDRESS	:				
CHY ST ZIF	PLANTATION FL 33324		2 4 CITY - ST - ZIP					
TILLE		DELETE	3 1 TITLE	Change Addition				
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CHY-St-Z#			3.4 City-St-ZiP					
Tal F		☐ DELETE	4 1 TITLE	Change Addition				
NAME:			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CiTY+ST+ZiP			4.4 CITY - ST - ZIP					
THILE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition				
NAME:			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CHY-S1-ZIP		WY .F : F6 F44	5 4 CITY-ST-ZIP					
TILF		DELETE	6 1 TITLE	Change Addition				
NAM:			6.2 NAME					
STREET ADDRESS			6 3 STREET ADDRESS					
C(1) - ST - Z(F)			6.4 City - St - ZiP					

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)(k), 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 12 or Block 13 or national 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 12 or Block 13 or national 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

SIGNATURE:

SANDY LICALLY
GOFFICER OR DILECTOR

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