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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33324-2505

3. Date Incorporated or Qualified
02/24/1993

3a. Date of Last Report
01/24/1996

2. Principal Place of Business
21 10717 NW 2nd ST
Suite, Apt. #, etc.

2a. Mailing Address
26 10120 Reflection Blvd W.
Suite, Apt. #, etc.

4. FEI Number
65-0408312
Applied For
Not Applicable

22 City & State
Plantation FL

27 City & State
Sunrise FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip
33324

28 Zip
33351

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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
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, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE D
NAME KALEKY, ROBERT
STREET ADDRESS 209 JACARANDA DR.
CITY-ST-ZIP PLANTATION-FL 33324
TITLE D
NAME KALEKY, SANDY L
STREET ADDRESS 209 JACARANDA DR.
CITY-ST-ZIP PLANTATION FL 33324
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 10717 NW 1st Street
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 10717 NW 1st Street
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE: Robert Kaleky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/26/97 954-747-0567
Date Daytime Phone

CR2E034 (9/96)