SECOND NOTICE: CORPORATION WILL BE DISS(ILVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT** # 1. Corporation Name

P93000051654 (0)

KELLEDGE ENTERPRISES, INC.

Principal Place	e of Business	N	ailing Address				I ABBIIDSI IIO IEEGE HIII EDHIF ODHIF DI	MA BOUDI BIIDI		
INTERNATION	nal Hairstyling		-							
423 FIFTH A			321 MYAKKA ST NE PALM BAY FL 32907							
INDIALANTIC FL 32903 US							3. Date Incorporated or Qualified 3a. Date of Last Report 07/23/1993 08/11/1995			
	lace of Business	2a	Mailing Address				4. FEI Number	-t <u></u>	Applied For	
21		26					59-3201262		Not Applicable	
Suite, Apt	#, etc	\vdash	Suite, Apt. #, etc.				5. Certificate of Status Desired	ГΊ	\$8.75 Additional	
City & State		27	City & State				- 		Fee Required	
23	•	28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Žφ	Country	1201	Zip	Co	untr	у	8. This corporation has hability for in	ntannihle ta		
24	25	25 29 . 30		30			Florida Statutes Yes No			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
M	TCHELL, BRUCE A				81	Name				
1825 S RIVERVIEW DR MELBOURNE FL 32901					82	Street Addr	et Address (P.O. Box Number is Not Acceptable)			
					L.			·		
					83	}				
					84	City			85 Zip Code	
						<u> </u>		FL		
l office or re	egistered agent, or both, in the State i	ot Flank	ia. Such change was	authorized	d by	r the corporation	oration submits this statement for the pu on's board of directors. Thereby accept	rpese of chi the appoint	anging its registered then tas registered	
agent. Fai	m familiar with, and accept the obliga	tions o	, Section 607.0505, F	lorida Stal	utes	S	,		,	
SIGNATURE	Signature, typied or printed name of requirered ager		of words and a SAI	541 B			ed when reinstating)			
12.	OFFICERS AND			13.	NJ AG	tera kigir ature requir	ADDITIONS/CHANGES TO OFFIC	DAN ERS AND D	IRECTORS IN 12	
TITLE	ST		DELETE	111	ITLE		ADDITIONS/GITANGES TO GITTIE	LIIS AND D	Change Addition	
NAME	KELLEY, JACQUELINE M.		•	128	AME					
STREET ADORESS	318 BANYAN WAY			139	TREE	1 ADDRESS				
CITY-ST-ZIP	MELBOURNE BEACH FL			1.4 (ITY -	SI-2IP				
TITLE	Р		DELETE	211	TLE				Change Addition	
NAME	HEDGE, NANCY			228	AME					
STREET ADDRESS	321 MYAKKA STREET, N.E.			235	TREE	T ADDRESS				
CITY-ST-2IP	PALM BAY FL			2.4	CHTY -	ST-ZIP				
TITLE	D		DELETE	311	IILE				Change Addition	
NAME	KELLEY, JAMES M.			321	AME					
STREET ADDRESS	318 BANYAN WAY			335	TREE	T ADDRESS				
CITY-ST-ZIP	MELBOURNE BEACH FL		- I belete			·ST-ZIP				
TITLE	D HEDGE BONNID C		L DELETE	411				Ш	Change Addition	
NAME	HEDGE, RONALD C.				NAME					
STREET ADORESS	321 MYAKKA STREET, N. E. Palm bay fl					T ADDRESS				
CITY-ST-ZIP TITLE	FALM DAT FL		DELETE			ST-ZIP			Change Addison	
NAME			T December	511				Ш	Change Addition	
STREET ADDRESS					AME					
						T ADDRESS				
CITY-ST-ZIP TITLE			DELETE	5.4 (ST-ZIP			Change Addition	
NAME					AME			لــا	Sharigo Addition	
STREET ADORESS						T ADDRESS				
CITY-ST-ZIP						ST-ZIP				
						- A.T.				

SIGNATURE:

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE AND TYPED OF PRINTS IN NAME & SIGNING OFFICER OF DIRECTOR

407 725-1080 Ocylinic France

CR2E034 (3/96)