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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400002134

1. Corporation Name

KELSEY PORT 95-1, INC.

•					
Principal Place of Business	Mailing Address				
1812 S.W. 31ST AVENUE PEMBROKE PARK FL 33009	1812 S.W. 31ST AVENUE PEMBROKE PARK FL 33009				

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90006 024 ***150.00



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Principal Place	of Business	М	lailing Address								
1812 S.W. 31ST AVENUE 1812 S.W. 31ST AVENUE											
PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009			9								
							}		DO NOT WRITE IN THIS SPA	ICE	
							ì		Date Incorporated or Qualifed		į
									01/07/1994	, ,	
2. Principal Pl	ace of Business	2a	, Mailing Address					4.	FEI Number	\coprod'	Applied For
21		26							65-0463037	1 1	lot Applicable
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.					_	Certifcate of Status Desired	8.75	Additional
22		27						5.	Certificate of Status Desired	Fee F	Required
City & State)		City & State	_				6	Election Campaign Financing	\$5.00	May Be
23	•	28	•				į		Trust Fund Contribution		to Fees
Zip	Country	1-01	Zip	C	ountry	,		Ω	This corporation owes the current year Intangil	ble	
一	25	29	-•	30			į	٥.		Yes	□No
24	9. Name and Address of Curren		etered Agent	30	$\neg \Box$			10	Name and Address of New Registered Age	nt	
	g, Name and Address of Content	· ivegic	sterou Agent		81	Nar	me	10.	Turne unit i uni		
COR	ER CORPORATE AGENTS, INC.										
	SOUTH BAYSHORE DRIVE				82	Stre	et Addres	s (P	P.O. Box Number is Not Acceptable)		
	FLOOR									•	
					83						
MIAN	AI FL 33133				84	City			8	5 7ir	Code
					04	City	'		FL °	~ - "	
11 Pursuant t	o the provisions of Sections 607.0502	2 and 6	307,1508, Florida Statuto	es, the	above	e-nam	ed corpor	ation	n submits this statement for the purpose of char	nging i	ts registered
office or re	adictored agent or both in the State of	of Flori	da. Such change was al	uthoriz	ed by	the co	orporation'	's bo	oard of directors. I hereby accept the appointme	nt as	registered
agent. I ar	n familiar with, and accept the obligat	ions of	r, Section 607.0505, Fio	nga Si	atutes	i.					Į
SIGNATURE			- Carlo	D. Jata				dan r	reinstating) DATE		<u> </u>
	Signature, typed or printed name of registered agen OFFICERS AN					nt signar	ure required w		ADDITIONS/CHANGES TO OFFICERS AND D	IDECT	OPS IN 12
12.		DUIN	DELETE	1;	TITLE			·····		Change	
TITLE	D .									On Bing	
NAME	KELSEY, CHARLES			1.2	NAME						
STREET ADDRESS	1812 SW 31ST AVENUE			1.3	STREET	T ADDRE	SS				
CITY-ST-ZIP	PEMBROKE PARK FL 33009			1.4	CITY-S'	T-ZIP					
TITLE '			☐ DELETE	2.1	TITLE					Change	Addition
NAME				2.2	NAME						
STREET ADDRESS	•			2.3	STREET	TADDRI	ess				
					CITY-S						
CITY-ST-ZIP			☐ DELETE		TITLE	, 1 - A.IF	 -			Change	Addition
TITLE										3	_
NAME					NAME						ļ
STREET ADDRESS				ı	STREET		ESS				
CITY-ST-ZIP				_	. CITY-S	ST-ZIP	-			Chr	
TITLE			☐ DELETE	4.1	TITLE				Ц	Change	e 🔲 Addition
NAME				4. 2	NAME						
STREET ADDRESS				4.3	STREET	TADORI	SS				
CITY-ST-ZIP				4.4	CITY-S	T-ZIP					
TITLE	· ·		☐ DELETE		TITLE					Change	Addition
NAME					NAME				•		ļ
STREET ADDRESS				5.3	STREET	TADDRI	ess				[
					CITY-S						
CITY-ST-ZIP			☐ DELETE		TITLE	.,- <u></u>				Change	Addition
TITLE			□ ocrete	- 1						- many	, D
NAME	•				NAME						
STREET ADDRESS				63	STREET	T ADDRI	ESS)				ì

14. I 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, an arrestactment with an address, with all other like empowered.

Light 15. 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 by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, an arrestactment with an address, with all other like empowered.

Light 15. 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 by Chapter 607, Florida Statutes, I further certify that I am an officer or director of the corporation or the receiver or trustee empowered by Chapter 607, Florida Statutes, I further certify that I am an officer or director of the corporation or the receiver or trustee empowered by Chapter 607, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered by Chapter 607, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered by Chapter 607, Florida Statutes. I further certify that I am an officer or director of the corporation of the

SIGNATURE:

CITY-ST-ZIP

4/26/99

954-981-8073