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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-Z#P

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

☐ Addition

Addition

200002526247 -05/15/98--01105--049 ***150.00

21 1900

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000023444 (0)

CAL-MEL ENTERPRISES, INC.

Principal Place of Business 909 CHERRY STREET NEW SMYRNA BEACH FL 32168	Mailing Address 909 CHERRY STREET NEW SMYRNA BEACH FL :	32168	DO NOT WRITE IN TH 3. Date Incorporated or Qualified 03/23/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3239172	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip 3	Country 80	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intaptgible
g. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
agent. I am familiar with, and accept the obli SIGNATURE	re of Florida. Such chan ge was a u gations of, Section 607.0505, Flori	84 City s, the above-named corporation Statutes.	ion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
Signature, typed or prioted name of regelered a		Registered Agent signature requir		
TILE D NAME STREET ADDRESS CITY-ST-ZIP TILE D LLEWELLYN, CHARLES A 909 CHERRY STREET NEW SMYRNA BEACH FL 3	ND DIRECTORS DELETE 2168	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	□ ÕELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP	DELETE	3.4. CITY - ST - ZIP		Change Addition

6.4 CITY - ST - ZIP 14. 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 employered 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 on an attackment with an address.

4.2 NAME

5 1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP