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 # **P95000010092**1. Corporation Name

KELBY INTERNATIONAL, INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90104 011 ***150.00

NEEDT	MILINATIONAL, INC.						
Principal Plac	ce of Business	Mailing Address	Mailing Address			1 (\$31400) 110 1010) 01111 00111 00111 00111 0010) 14011 00111 00110 10110 10110 10110 10110 10110 10110 10110	i
12990 MARSH LANIUS PALM BCH GARDENS FL 33418-7503 US 12990 MARSH LANDING PALM BCH GARDENS FL 3 US		. 33418-7	503		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 02/07/1995	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	_ 	
21		Suite, Apt. #, etc.				22-2975388 Not Applicable 9.75	:
Suite, Apt. #, etc.		27				5. Certificate of Status Desired	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be	
Zip	Country	Zip	Co	ountry		8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax. Yes No	
	9. Name and Address of Curre		, -,			10. Name and Address of New Registered Agent	
				81	Name		٦
	NIGAN, JOHN F			00	Ct 1 A	Address (D.O. Des Marchester Mark Assessable)	
625	N FLAGLER DRIVE 9TH FLOOP	₹		82	Street A	Address (P.O. Box Number is Not Acceptable)	
WES	ST PALM BEACH FL 33401			83			
				84	City	FL 85 Zip Code	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	a of Florida, Such channa was	authoriza	ad by t	he corner	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
office or r	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was pations of, Section 607.0505, Fl	authorize lorida Sta	ed by t atutes.	he corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	a of Florida. Such change was lations of, Section 607.0505, Floring ent and title if applicable. (NOT	authorize lorida Sta TE: Registen	ed by t atutes.	he corpor	ration's board of directors. I hereby accept the appointment as registered	on
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	e of Florida. Such change was lations of, Section 607.0505, Fl ent and title if applicable. (NOT ND DIRECTORS	authorize lorida Sta TE: Registen 13	ed by t atutes. red Agent 3.	he corpor	ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	on .
office or agent. I a SIGNATURE 12.	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D DAVEY, JOHN C	e of Florida. Such change was lations of, Section 607.0505, Florin and title if applicable. (NOT DIRECTORS	authorize lorida Sta TE: Register 13 1.1 1.2	red by tatutes. red Agent 3. TITLE NAME	he corpor	ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	on
office or a agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D DAVEY, JOHN C	e of Florida. Such change was lations of, Section 607.0505, Fluent and title if applicable. (NOT DIRECTORS DELETE	authorize lorida State FE: Register 13 1.1 1.2 1.3	red by tatutes. red Agent 3. TITLE NAME	signature req	ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	on
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D DAVEY, JOHN C 7108 FAIRWAY DRIVE SUITE	e of Florida. Such change was lations of, Section 607.0505, Fluent and title if applicable. (NOT DIRECTORS DELETE	authorize lorida Sta FE: Registen 13 1.1 1.2 1.3	red by tatutes. red Agent 3. TITLE NAME STREET	signature req	ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS AD DAVEY, JOHN C 7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3	e of Florida. Such change was lations of, Section 607.0505, Florint and title if applicable. (NOT DIRECTORS DELETE 285	authorize lorida State PE: Register 13 1.1 1.2 1.3 1.4 2.1	red Agent 3. TITLE NAME STREET, CITY-ST	signature req	ration's board of directors. I hereby accept the appointment as registered quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change	
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D DAVEY, JOHN C 7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3 D DAVEY, GEORGIA A	a of Florida. Such change was lations of, Section 607.0505, Florint and title if applicable. (NOT ND DIRECTORS DELETE 285 33410	authorizationida State FE: Registers 13. 1.1. 1.2. 1.3. 1.4. 2.1. 2.2.	red by the atutes. red Agent 3. TITLE NAME STREET CITY-ST- TITLE NAME	signature req	ration's board of directors. I hereby accept the appointment as registered quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change	
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS ADDAVEY, JOHN C7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3DDAVEY, GEORGIA A	a of Florida. Such change was lations of, Section 607.0505, Florint and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE	authorizationida State Registerer	red by the atutes. red Agent 3. TITLE NAME STREET CITY-ST- TITLE NAME	signature req ADDRESS ADDRESS	ration's board of directors. I hereby accept the appointment as registered quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change	
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS ADDAVEY, JOHN C7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3DDAVEY, GEORGIA A7108 FAIRWAY DRIVE SUITE	a of Florida. Such change was lations of, Section 607.0505, Florint and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE	authoriz/ lorida Sta IE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	red Agent 3. TITLE NAME STREET, TITLE NAME STREET,	signature req ADDRESS ADDRESS	ration's board of directors. I hereby accept the appointment as registered quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change	on
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS ADDAVEY, JOHN C7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3DDAVEY, GEORGIA A7108 FAIRWAY DRIVE SUITE	a of Florida. Such change was lations of, Section 607.0505, Florint and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE 285 33410	authoriz/ lorida Ste IE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 3.3 3.1	red Agent 3. TITLE NAME STREET NAME STREET STREET AGE STREET	signature req ADDRESS ADDRESS	ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additionable Additi	on
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS ADDAVEY, JOHN C7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3DDAVEY, GEORGIA A7108 FAIRWAY DRIVE SUITE	a of Florida. Such change was lations of, Section 607.0505, Florint and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE 285 33410	authorizalorida Stallorida Stallorida Stallorida Stallorida Stallorida III. III. III. III. III. III. III. II	red Agent 3. TITLE NAME STREET, CITY-ST- TITLE NAME STREET, CITY-ST- TITLE NAME STREET, CITY-ST- TITLE NAME	signature req ADDRESS ADDRESS	ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additionable Additionable Change Ch	on
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS ADDAVEY, JOHN C7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3DDAVEY, GEORGIA A7108 FAIRWAY DRIVE SUITE	a of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE 285 33410	authorizalorida Stallorida Stallorida Stallorida Stallorida Stallorida III. III. III. III. III. III. III. II	red Agent 3. TITLE NAME STREET, CITY-ST- TITLE NAME STREET, CITY-ST- TITLE NAME STREET, CITY-ST- TITLE NAME	signature req ADDRESS ADDRESS -ZIP ADDRESS	ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additionable Additional Change Additional	on
office or agent. I a signature 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS ADDAVEY, JOHN C7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3DDAVEY, GEORGIA A7108 FAIRWAY DRIVE SUITE	a of Florida. Such change was lations of, Section 607.0505, Florint and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE 285 33410	authorizalorida Stallorida Stallo	red by tatutes. red Agent 3. TITLE NAME STREET, CITY-ST TITLE NAME STREET, CITY-ST TITLE NAME STREET, CITY-ST TITLE NAME STREET, CITY-ST	signature req ADDRESS ADDRESS -ZIP ADDRESS	ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additionable Additionable Change Ch	on
office or agent. I a signature 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS ADDAVEY, JOHN C7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3DDAVEY, GEORGIA A7108 FAIRWAY DRIVE SUITE	a of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE 285 33410	authorizulorida Stallorida Stallo	ed by t atutes. red Agent Age	ADDRESS -ZIP -ADDRESS -ZIP	ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additionable Additional Change Additional	on
office or agent. I a signature 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS ADDAVEY, JOHN C7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3DDAVEY, GEORGIA A7108 FAIRWAY DRIVE SUITE	a of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE 285 33410	authorizalorida Stallaria (1.11) 1.21 1.3 1.44 2.11 2.21 2.3 2.4 3.11 3.21 3.34 4.11 4.2 4.33	ed by t adules. Total Agent Title NAME STREET, ICITY-ST TITLE NAME STREET, ICITY-ST TITLE NAME STREET, ICITY-ST TITLE NAME STREET,	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additionable Additional Change Additional	on
office or agent. I a signature 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS ADDAVEY, JOHN C7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3DDAVEY, GEORGIA A7108 FAIRWAY DRIVE SUITE	a of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE DELETE DELETE	authorizalorida Stallaria (1.11) 1.21 1.33 1.44 2.11 2.21 2.33 2.44 3.11 3.22 3.33 3.44 4.11 4.2 4.33	ed by t adules. Total Agent Title NAME STREET, CITY-ST TITLE NAME STREET, CITY-ST TITLE NAME STREET, CITY-ST TITLE NAME STREET, CITY-ST CITY-ST CITY-ST CITY-ST CITY-ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ration's board of directors. I hereby accept the appointment as registered Quired when reinstating) OATE	on it
office or agent. I a signature 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS ADDAVEY, JOHN C7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3DDAVEY, GEORGIA A7108 FAIRWAY DRIVE SUITE	a of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE 285 33410	authorizalorida Stallorida Stallo	ed by t adules. red Agent Age	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additionable Additional Change Additional	on it
office or agent. I a agent. I a signature 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D DAVEY, JOHN C 7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3 D DAVEY, GEORGIA A 7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3	a of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE DELETE DELETE	authorizalorida Stallorida Stallo	ed by t adules. red Agent Age	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	ration's board of directors. I hereby accept the appointment as registered Quired when reinstating) OATE	on it
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D DAVEY, JOHN C 7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3 D DAVEY, GEORGIA A 7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3	a of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE DELETE DELETE	authorizulorida Stallorida Stallo	ed by t adules. red Agent Age	ADDRESS	ration's board of directors. I hereby accept the appointment as registered Quired when reinstating) OATE	on it
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D DAVEY, JOHN C 7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3 D DAVEY, GEORGIA A 7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3	a of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE DELETE DELETE	authorizulorida Stallorida Stallo	ed by t adules. red Agent Age	ADDRESS	ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	on on
Office or agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D DAVEY, JOHN C 7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3 D DAVEY, GEORGIA A 7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3	a of Florida. Such change was lations of, Section 607.0505, Florent and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE DELETE DELETE	authorizalorida Staliorida Stalio	ed by t adules. Total Agent Title NAME STREET, CITY-ST TITLE	ADDRESS	ration's board of directors. I hereby accept the appointment as registered Quired when reinstating) OATE	on on
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D DAVEY, JOHN C 7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3 D DAVEY, GEORGIA A 7108 FAIRWAY DRIVE SUITE PALM BEACH GARDENS FL 3	a of Florida. Such change was lations of, Section 607.0505, Florida and title if applicable. (NOT ND DIRECTORS DELETE 285 33410 DELETE DELETE DELETE	authorizalorida Staliorida Stalio	ed by t adules. red Agent Age	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	on on

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 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 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 supplied with that I am an officer or director of the corporation of the this product of the corporation of the third product of the corporation of the corpo

SIGNATURE: