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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000020302 (2)

KEL-JAY DISTRIBUTORS, INC.

## **FILED** Mar 09 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				i in a timpe sep entat biell 80161 001	11 AAIO BEOLO ISI	/H <b>JUIUS</b> IIIII	ABILD HEL ING!
9651 NW 27TH STREET CORAL SPRINGS FL 33065		9651 NW 27TH STREET CORAL SPRINGS FL 33065				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		7102	
						03/13/1995			
	lace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number		A	pplied For
21		26				65-0559569		N	ot Applicable
Suite, Apt.	#, etc.	Suile, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & State		City & State	City & State						lequired
23		28	h—1 ·			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cour	try		8. This corporation owes or has p			
24	[25]	29	30			Personal Property Tax due Jun			No
<u> </u>	g, Name and Address of Curre	int Registered Agent	· <del></del>	31 Nan	<b>n</b> o	10. Name and Address of New R	egistered A	gent	
FOX, JOHN F				I NOT	· · · · · · · · · · · · · · · · · · ·				
	651 NW 27TH STREET		[1	32 Stre	et Addres	ss (P.O. Box Number is Not Accepte	ible)		
۱ '	ORAL SPRINGS FL 33065		la la	33					
			L						
				City	•		FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the ab	ove-nam	ed corpor	ation submits this statement for the	nurnana of a	changing i	its registered
office or n	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Honda. Such change was a gations of, Section 607.0505, Fli	authorized orida Statu	by the c tes.	corporation	i's board of directors. I hereby acce	∍pt the appo	intment as	registered
SIGNATURE									
	Signature, typed or printed name of registered as	<del></del>		Ageni signa	ulure required	when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFF			
NAME	FOY IOUN F	L. Octen	1,1 1(1)				i	Change	☐ Addition
STREET ADDRESS	FOX, JOHN F		1.2 NAA						
CITY-ST-ZIP	9651 NW 27TH STREET CORAL SPRINGS FL 3306	<b>t</b>		EET ADDRES	»				
TITLE	ST	DELETE	2,1 TITL	r-\$T-ZIP				Change	Addition
NAME	FOX, LAURA L		2.2 NAN					- Citaligo	
STREET ADDRESS	9651 NW 27TH STREET			 Eet addres					l
CITY-ST-ZIP	CORAL SPRINGS FL 3306	5		Y-ST-ZIP	~				
TITLE		DELETE	3.1 TIFL				T	Change	Addition
NAME			3 2 NAN	1E			_	-	
STREET ADDRESS			3.3 STR	EET ADDRES	ss				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL	E			I	Change	Addition
NAME			4. 2 NAJ	<b>√</b> E					
STREET ADDRESS			4.3 STR	EET ADDRES	SS				
CITY-SI-ZIP			4.4 CITY	-ST-ZIP					
TITLE		DELETE	5.1 TITL				[	] Change	Addition
NAME			5.2 NAM		- [				
STREET ADDRESS			1	EET ADDRES	ss				
CITY-ST-ZIP		T reine		-ST-21P				10	1 1 1 1 1 1 1
TITLE		DELETE	6.1 TIT).				L	Change	Addition
NAME OTRET ADDRESS			6.2 NAM		_				
STREET ADDRESS				ET ADDRES	SS				
CITY-ST-ZIP	settly that the information encycled	with this blins does not a value to		-ST-ZIP	lotod in Se	notion 110 07/9/ii) Elorida Statutas	I Comban and	Cd - ale ma ale a	. Indonesial a

on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I turner certify that the Information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an atlaching of with an address.