

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092452 (8)

1. Corporation Name

KAMLEY CORPORATION



Principal Place of Business

12510 NW 10TH ST.
SUNRISE FL 33323

Mailing Address

12510 NW 10TH ST.
SUNRISE FL 33323

2. Principal Place of Business

21 6839 SUNSET STRIP
Suite, Apt. #, etc.

2a. Mailing Address

26 6839 Sunset Strip
Suite, Apt. #, etc.

City & State

23 SUNRISE FL

Zip 33313

Country

24 33313

City & State

28 Sunrise FL

Zip 33313

Country

29 33313

City & State

30 33313

9. Name and Address of Current Registered Agent

YEUNG, KAM
12510 NW 10TH ST.
SUNRISE FL 33323

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

4. FEI Number

65-0641147

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(Both Registered Agent Signature required when transacting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME YEUNG, KAM
STREET ADDRESS 12510 NW 10TH ST.
CITY-ST-ZIP SUNRISE FL 33323

☐ DELETE

TITLE D
NAME CHEW, DIANE
STREET ADDRESS 12510 NW 10TH ST.
CITY-ST-ZIP SUNRISE FL 33323

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

Daytime Phone #

CR2E034 (12/95)