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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010053 (2)

J.B. KELLAR REHABILITATION SERVICES INC.

Principal Place of Business	Mailing Address
7401 S.W. 15TH STREET	7401 S.W. 15TH STREET

FILED May 07 1998 8:00am Secretary of State



				
Principal Plac		Mailing Address		
7401 S.W. 15		7401 S.W. 15TH STREET		1
PLANTATION	FL 33317	PLANTATION FL 33317		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
	•			02/01/1996
2. Principal P	lace of Business	2s. Mailing Address	····	4. FEI Number Applied For
1		26		65-0640872 Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		SA SA 75 Additional
2		27		6. Certificate of Status Desired Fee Required
City & Stat	е	City & State		6. Election Campaign Financing \$5.00 May Be
3				Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
4	25		30	Personal Property Tax due June 30. 🔲 Yes 💌 No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
	LLAR, JENNIFER B		61 Name	
740	D1 S.W. 15TH STREET		82 Street Ad	dress (P.O. Box Number is Not Acceptable)
PL	ANTATION FL 33317		LL	
			83	
			84 City	85 Zip Code
			Jack City	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	Signature typed or printed name of registered a OFFICERS A		Registered Agent signature rec	·
TITLE	P	☐ DELETE	1.1 TITLE D	☐ Change 🔼 Additio
NAME	Kellar, Jennifer B		1.2 NAME	HELEN MALCOLM 11215096 TERRALU PEMBROKE PINUS 38025
STREET ADDRESS	7401 S.W. 15TH STREET		1.3 STREET ADDRESS	Halswyn lettered
CITY-ST-ZIP	PLANTATION FL		1.4 CITY - ST-ZIP	PEMBROKO PINO - 33026
TITLE	M	☐ DELETE	2.1 TITLE	Change Addition
NAME	BUTCHER, BRANDON		2 2 NAME	
STREET ADDRESS	7401 SW 15TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	***
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3 4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TOTLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
ITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-SY-ZIP			5.4 CiTY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME		_	6.2 NAME	··· · · • · · · · · · · · · · · · · ·
STREET ADDRESS			6 3 STREET ADDRESS	
iTY-ST-ZIP			6.4 CITY-ST-ZIP	

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 suppliemental 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 frustee 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: _