FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTME

Sandra B. Mo Secretary of S STATE

ONS

DIVISION OF CORPO

DOCUMENT # P96000017287 (9)

KEJESS, INC.

Principal Place of Business

Mailing Address

FILED May 05 1997 8:00am Secretary of State



| 990 HAMLET COURT MAITLAND FL 32751-8346 | | 990 HAMLET COURT MAITLAND FL 32751-6346 | | | | | |
|--|---|--|----------------------------------|--|--|---|-----------------------------|
| | | | | | 3. Date incorporated or Qualified 02/22/1996 | 3a. Date of Last Report | |
| 2. Principal Pi | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number | | Applied For |
| 21 | | 26 | 26 | | 59-3416493 | | Not Applicable |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | |
| City & State | 6 City & State 28 | | | | Election Campaign Financing Trust Fund Contribution | , | |
| Zip | Country | Zip | Country | | 8. This corporation has liability for | intangible tax under s. 199.032, | |
| 24 | 25 | 29 | 30 | | Florida Statutes | | |
| | 9. Name and Address of Cu | rrent Registered Agent | | 10. Name and Address of New Registered Agent | | | |
| 990 | RETT, KEVIN L HAMLET COURT TLAND FL 32751-6346 | | 81 82 | Name Do Street Addr | ress (P.O. Box Number is Not Acceptab | le) | |
| MAI | ILANU FL 32/01-0340 | | 83 | GE | O HAMIET COU ENERAL PARTNER ETHLEJ AITLAND | or Preside | ent |
| | | | 84 | City M | AITL AND | FL 85 3 | Zip Code 12751-6346 |
| 11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or depicted agent of profits of the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of profits and accept the profits of the pr | | | | | | | |
| SIGNATURE Appendix a provided many of Log second and title of equipolatic (NOIL Registered Agent signature required when reinstalling) DATE DATE | | | | | | | |
| 12. | Signature, typed or printed name of registere OFFICERS | AND DIRECTORS | 13. | int signature regu- | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE (M) | managing Direc | | 1.1 TITLE (| P) G- | eneral Purtner/Paesi | | |
| NAME | Kevin L. Barre | 17 - C | 1,2 NAME | | orine Barrett | | 5 |
| STREET ADDRESS | 990 Hamlet Co | irt | 1.3 STREET | 100 | 10 HAMZET COURT | | ٳڎ |
| CITY-ST-ZIP | Maitland FL | | 1.4 CITY - \$1 - ZIP | | efse 17 board fu | 1-6346 | |
| TITLE | | DELETE | 21 TITLE | | | ☐ Cha | nge 🔲 Addition C |
| NAME | | | 2 2 NAME | | | | |
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| CITY-ST-ZIP | | | 2 4 CHY- | ST-ZIP | | | |
| TITLE | | DELETE | DELETE 31TITLE | | | ☐ Cha | nge 🔲 Addition |
| NAME | | | 3 2 NAME | | | | İ |
| STREET ADDRESS | | | 3 3 STREF | ADDRESS | | | |
| CITY-ST-ZIP | | | 3 4. CITY - | ST-ZIP | | | |
| TITLE | | [] DEFEIE | 4.1 TITLE | | | L_J Cha | nge L Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4,3 STREE | ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY - | ST - ZIP | | | |
| TITLE | | DELETE | 51 TITLE | | | L Cha | nge L Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5 3 \$1REE | ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CHTY - | ST - 71P | | | |
| TITLE | | [_] DELETE | 6 1 11TLE | | | ∐ Cha | inge 🔲 Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREE | ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY- | | | | |
| 14. I do here | by certify that the information sup | plied with this filing does not qual or supplemental annual report is | lify for the ex- true and acc | emption state urate and tha | d in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega | s. I further cerlify al effect as if mad | that the e under eath; that |

on the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name