

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

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000017287 (9)

1. Corporation Name  
KEJESS, INC.

Principal Place of Business

Mailing Address

990 HAMLET COURT  
MAITLAND FL 32751-6346

990 HAMLET COURT  
MAITLAND FL 32751-6346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1996

4. FEI Number

59-3416493

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4868 LAKE Ridge Rd

26 4868 LAKE Ridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apartment # 12

27 Apartment # 12

City & State

City & State

23 Orlando Florida

28 Orlando Florida

Zip

Country

Zip

Country

24 32808

25 U.S.A.

29 32808

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARRETT, DORINE  
990 HAMLET COURT  
GENERAL PARTNER (TITLE) OR PRESIDENT  
MAITLAND FL 32751

81 Name

BARRETT, DORINE

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

4868 LAKE RIDGE ROAD. Apt 12

83

GENERAL PARTNER (TITLE) OR PRESIDENT

84 City

Orlando

FL

85 Zip Code

32808

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

Dorine Barrett

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MD  
BARRETT, KEVIN L  
STREET ADDRESS 990 HAMLET COURT  
CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE

NAME GP  
BARRETT, DORINE  
STREET ADDRESS 990 HAMLET COURT  
CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MD ☒ Change ☐ Addition

BARRETT, KEVIN L.  
4868 LAKE Ridge Road. Apt 12  
ORLANDO FLORIDA 32808

GP ☒ Change ☐ Addition

BARRETT, DORINE  
4868 LAKE Ridge Road. Apt 12  
ORLANDO FLORIDA 32808

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 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 Dorine Barrett

4/27/98

6/2/98

CR2E034 (10/97)