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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600080363 (0)
KELLEY BARTH, INC.

FILED Apr 21 1997 8:00am Secretary of State



Principal Plac	e of Businoss	Mailing Address	Address		
1235 BUCHANAN STREET HOLLYWOOD FL 33019		1235 BUCHANAN STREET HOLLYWOOD FL 33019-1020			
:					3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1996
	Place of Business	28. Mailing Address			4. FEI Number Applied For
Suite, Apt. #, etc.		[26]			65-0697672 Not Applicable
22		Suite, Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
Zip	28			Trust Fund Contribution Added to Fees	
Zip 24	Country	Zip		intry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
24	25 9, Name and Address of Curren	29]	30	T	Florida Statutes XYes LJ No 10, Name and Address of New Registered Agent
RAR	TH, KELLEY			81 Name	To, Time and Addition of How Hoggers and Agent
1235 BUCHANAN STREET					
	LYWOOD FL 33019	82 Street Ad		82 Street	Address (P.O. Box Number is Not Acceptable)
				83	
				84 City	85 Zip Code
				<u> </u>	
office or a	registered agent, or both, in the State am familiar with, and accept the oblige	2 and 607,1508, Florida State of Florida. Such change was stions of Section 607,0505	tutes, the ai is authorize Florida Stat	bove-named d by the corp tutes	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
egent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute's. SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (N	OTE Registered	d Agent signature	e required when reinstating) DATE
12,	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Barth, Kelley	☐ DELETE	1.1 10		Change Addition
NAME	1235 BUCHANAN STREET		1.2 N/		
STREET ADDRESS	HOLLYWOOD FL 33019			TREET ADDRESS	
CITY-ST-ZIP TITLE	TIOLET WOOD TE COOLS	☐ DELETE	1.4 C) 2.1 Ti	TY - \$1 - 21P	Change Addition
NAME			2.2 NA		Ontaings reconnecti
STREET ADDRESS				IREE I ADDRESS	
City-ST-ZIP				11Y - S1 - ZIP	
TITLE	<u> </u>	DELETE	3.1 TO		Change Addition
NAME			3.2 N	AME	
STREET ADDRESS			3.3 \$1	REF1 ADDRESS	
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP	
TITLE		DELETE	4.1 Tr	H.F	Change Addition
NAME			4. 2 N	AME	
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP		DELETE		TY-ST-ZIP	
TITLE		☐ DELETÉ	5.1 Til		Change Addition
NAME CYCLCT ADDOCCO			5.2 NA		
STREET ADDRESS				REF1 ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CI 6.1 TU	TLE	Change Addition
NAME		23	6.2 NA		Last Strongs Last Monthly
STREET ADDRESS				RELT ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
7111 91741			0.4 01	41 - Q1 - g1f	

1 do hereby certify that the information supplied with this filling 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 logal 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 13 if changed, or on an attachment with an address.

954-922-4869