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FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000081949 (5)

1. Corporation Name
KALKI, INC

Principal Place of Business
8613 NW 35TH ST
CORAL SPRINGS FL 33065

Mailing Address
8613 NW 35TH ST
CORAL SPRINGS FL 33065-4375



2. Principal Place of Business

21 156 NE 33RD ST

Suite, Apt. #, etc.

22 City & State
OAKLAND PARK, FL

Zip

24 33334

Country

25 USA

2a. Mailing Address

26 8613 NW 35TH ST

Suite, Apt. #, etc.

27 City & State
CORAL SPRINGS, FL

Zip

29 33065

Country

30 USA

3. Date Incorporated or Qualified

09/30/1996

3a. Date of Last Report

FIRST TIME

4. FEI Number

65-0729465

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

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

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAGGIANO, ANTHONY N
8613 NW 35TH ST
CORAL SPRINGS FL 33065

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

Anthony N. Caggiano

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-97

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE
NAME ANTHONY N. CAGGIANO
STREET ADDRESS 8613 NW 35TH ST
CITY-STATE-ZIP CORAL SPRINGS, FL 33065

TITLE VICE PRESIDENT ☐ DELETE
NAME ROBERT A. CAGGIANO
STREET ADDRESS 8275 NW 98TH AVE
CITY-STATE-ZIP TAMARAC, FL 33321

TITLE SECRETARY ☐ DELETE
NAME ANTHONY N. CAGGIANO
STREET ADDRESS 8613 NW 35TH ST
CITY-STATE-ZIP CORAL SPRINGS, FL 33065

TITLE TREASURER ☐ DELETE
NAME ROBERT A. CAGGIANO
STREET ADDRESS 8275 NW 98TH AVE
CITY-STATE-ZIP TAMARAC, FL 33321

TITLE DIRECTOR ☐ DELETE
NAME ANTHONY N. CAGGIANO
STREET ADDRESS 8613 NW 35TH ST
CITY-STATE-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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: *Anthony N. Caggiano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 (954) 566-6103

Date Daytime Phone #

CR2E034 (9/96)