

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000102196 (8)

1. Corporation Name  
KELLIE REDMOND, INC.

Principal Place of Business  
29640 SOUTHWEST 164TH PLACE  
HOMESTEAD FL 33030

Mailing Address  
29640 SOUTHWEST 164TH PLACE  
HOMESTEAD FL 33030



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/01/1997

2. Principal Place of Business  
21 2163 Nova Village Dr.  
Suite, Apt. #, etc.

22 City & State  
23 Davie FL

24 Zip 33317 25 Country USA

2a. Mailing Address  
26 Same  
Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

4. FEI Number  
65-0721222

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name Kellie Redmond  
82 Street Address (P.O. Box Number is Not Acceptable)  
2163 Nova Village Drive  
83  
84 City Davie FL 85 Zip Code 33314

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME PSTD  
STREET ADDRESS REDMOND, KELLIE S  
CITY - ST - ZIP 29640 SOUTHWEST 164TH PLACE  
HOMESTEAD FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE  
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

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:

2/9/98 (954) 22-3953

CR2E034 (10/97)