**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000013312 1. Corporation Name

EKLEY CORP.

## Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90050 032 \*\*\*150.00



Principal Place	e of Business	Mailing Ad	dress					
2930 POINT EA	AST DRIVE. BLDG. E # 214	2930 POINT	EAST DRIVE, BLD	G. E # 2	14	<i>.</i>		
N. MIAMI BEAC	CH FL 33160	n, miami bi	EACH FL 33160			DO NOT INDITE IN	TURO COACE	
						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
						02/10/1997		
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number	<u> </u>	plied For
21		26				65-0735571	No	t Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27				5. Certificate of Guitas Desired	Fee Re	quired
City & Stat	te	City &	State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip		Country	'	8. This corporation owes the current ye	ar Intangible	
24	25	29	30	]		Personal Property Tax.	☐ Yes	□No
-4	9. Name and Address of Current	177		<u>'                                      </u>		10. Name and Address of New Registr	ered Agent	
				81	Name			
, KLEI	inman, yehuda							
EK 2930	O POINT EAST DRIVE, BLDG. E #	214		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	MAMI BEACH FL 33160			83			14.64	
				00		and the second second second second		高級職,機
			•	84	City		85 Zip C	Code
44° Burguest	to the provisions of Sections 607 0502	2 and 607 1508	Florida Statutes	the show	e-named com	oration submits this statement for the purpo-	se of changing its	registered
office or r	registered agent, or both, in the State o	f Florida. Such	change was author	prized by	the corporation	oration submits this statement for the purpo on's board of directors. I hereby accept the a	appointment as req	gistered
agent. I a	arm familiar with and accept the obligation	ons of, Section	607.0505, Florida	Statutes	·•		7	_
SIGNATURE	Jehrel G. /Co	linon-				d when reinstating) DA	۱۹۹۱ محي	<del>1</del>
	Signature, typed or printed name of registered agent	and title if applicable	. (NOTE: Red	ustered Acei	nt signature require	ka winen reinstating) · · · · · · · · · · · · · · · · · · ·	16	
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				S AND DIRECTO	RS IN 12
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICER		
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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 any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP