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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000070488 (6)

KELSEY 3A3B, INC.

Principal Place of Business Mailing Address 1812 8W 31 AVENUE 1812 SW 31 AVENUE PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/14/1**9**97</u> 2. Principal Place of Business 2a. Mailing Address FEI Number 65~0780629 Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible X Yes □ No 30 Personal Property Tax due June 30. 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE 19TH FLOOR 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33133** 84 City Zip Code 85 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 tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typoid or printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE Change 111006 TITLE KELSEY, CHARLES M JR NAME 1.2 NAME CR2E034 **1812 SW 31 AVENUE** STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PARK FL 33009 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition Change DELETE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 suppliemental 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 empowers of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, and altachment with an address.

SIGNATURE:

447-91-8073

FILED

Apr 29 1998 8:00am

Secretary of State