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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90212 026 ***150.00

DOCUMENT #	P97000070488
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1. Corporation Name

KELSEY 3A3B, INC.

MIAMI FL 33133

Principal Place of	Business	Mailing Address			
1812 SW 31 AVENUE PEMBROKE PARK FL 33009			1812 SW 31 AVENUE PEMBROKE PARK FL 33009		DO NOT WRITE IN
					 Date Incorporated or Qualifed 08/14/1997
2. Principal Place	of Business	2a. Mailing Addre	ess		4. FEI Number 65-0780629
Suite, Apt. #, €	etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired
City & State	***************************************	City & State			Election Campaign Financing Trust Fund Contribution
Zip	Country 25	Zip 29	Count	ry	This corporation owes the current y Personal Property Tax.
	Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Regis
	CORPORATE AGENTS, I OUTH BAYSHORE DRIVE				Name Jesse H. Diner Street Address (P.O. Box Number is Not Acceptable)

|--|--|--|--|

	DO NOT	WRITE	IN THIS	SPACE
Date Incorporate	ed or Qua	ilifed		

<u> 1946 Tyler St.</u>

This corporation owes the current year Intangible

Name and Address of New Registered Agent

								85 Zip (`ada
			84	City	Hollvwood.		FL		3020
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 appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registered agent. I am familiar with a province of the appointment as registe									
SIGNATURE Signature, typed or printed harm of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS	101.7	13.		ADDITIONS	CHANGES TO OF			
TITLE	D	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	KELSEY, CHARLES M JR		1.2 NAME						
STREET ADDRESS	1812 SW 31 AVENUE		1.3 STREET	ADDRES	s				
CITY-ST-ZIP	PEMBROKE PARK FL 33009		1.4 CITY-\$1	-ZIP		,			
TITLE		☐ DELETE	2.1 TITLE					Change	Addition
NAME			2.2 NAME						1
STREET ADDRESS			2.3 STREET	ADDRES	s				
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME						\ \
STREET ADDRESS			33 STREET	ADDRES	s				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRES	s				
CITY-ST-ZIP			4.4 CITY- \$1	r-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRES	s				
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRES	s				
CITY-ST-ZIP			6.4 CITY-ST	T-ZIP		(C) E1 (1 (C) (1)	 		

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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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/26/99 Date

954-981-8073

Daytime Phone #

Applied For

Fee Required \$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional