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

PRÖFIT \*\* CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000070489

1. Corporation Name

KELSEY HOLLYWOOD 2, INC.

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90212 011 ***150.00

		Marilla and Marian		-,, <del>-</del>			
Principal Place of Business Mailing Address							
1812 SW 31 AVENUE 1812 SW 31 AVENUE PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009							
TEMPRONE TO	WIII, 12 00000	TEMPRICALE FAIR TE 00000			DO NOT WRITE IN T	THIS SPACE	
					3. Date Incorporated or Qualifed		
					08/14/1997		
2. Principal F	Place of Business	2a. Mailing Address			4, FEI Number	Ap	plied For
21		26			65-0780825		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 <sub>-</sub> 4	1
22		27				Fee Re	<del></del> -
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	
23		28	0		Trust Fund Contribution	Added_t	io Fees
Zip	Country	Zîp	Country		This corporation owes the current year     Personal Property Tax.		□No
24	9. Name and Address of Curren	29 3	<u> </u>		10. Name and Address of New Registe		
	9. Name and Address of Curren	it Registered Agent	81	Name	10. Haine and Address of New Registe	ica Agent	
COE	BER CORPORATE AGENTS, INC.			Je	esse H. Diner		
	1 SOUTH BAYSHORE DRIVE 19T	H FLOOR	82		ess (P.O. Box Number is Not Acceptable)		
	MI FL 33133		83		946 Tyler St.		
5751y 11	1 2 00 100		63				
			84	City			Code
				Ho			020
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was aut	s, the above-i horized by th	named corpo ne corporatio	pration submits this statement for the purpos	e or changing its ppointment as re	gistered
agent. I a	am familiar with, and accept the obliga	pons of, Section 607.0505, Florid	la Statutes.		n's board of directors. I hereby accept the a	100	
SIGNATURE					4/7/	177	
L	Signature, typed or printed number of registered ager			signature required	<del></del>		
12.	D VOFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	1 -	∑ nere ie	1.1 TITLE	]			7,420,000
NAME	KELSEY, CHARLES M JR		1.2 NAME				J
STREET ADDRESS			1.3 STREET A				Ì
CITY-ST-ZIP	PEMBROKE PARK FL 33009		1.4 CITY-ST-	ZIP		Change	Addition
TITLE		☐ DĒLETE	2.1 TITLE	}		☐ Change	C) Addition (
NAME			2.2 NAME	-			
STREET ADDRESS	{		2.3 STREET A	)			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ A0dition
NAME			3.2 NAME				l
STREET ADDRESS			3.3 STREET A	DORESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		··		T a adia:
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4.2 NAME	)			)
STREET ADDRESS			4.3 STREET A	DORESS			
CITY-ST-ZIP			4.4 C/TY-ST-	ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	1		52 NAME				
STREET ADDRESS	ĺ		5.3 STREET A	!			
CITY-ST-ZIP			5.4 CITY-ST-2	ZIP			- may
TITLE	1	[] DELETE	6.1 TITLE			Change	Addition

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 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, with all other like empowered.

SIGNATURE:

| VALUE AND YEED OF BILLYED VALUE AND YEED

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FFICE OF DIRECTOR