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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000084320 (5) **DOCUMENT #**

KEL-CORP.

Mailing Address

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business 10108 TARPON DRIVE 10108 TARPON DRIVE TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1997 2a. Mailing Address 26 850 Dunbar Avc Principal Place of Business Applied For 850 59-3469660 Dunbar Ave 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be Oldsman Olds Mar 23 28 Trust Fund Contribution Added to Fees Country USM. 8. This corporation owes or has paid the current year Intancible Personal Property Tax due June 30. 3*4677* 454 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KELLY, SEAN 10108 TARPON DRIVE Street Address (P.O. Box Number is Not Acceptable) TREASURE ISLAND FL 33706 83 84 City Zip Code 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 registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. President DELETE Change 1.1 TITLE TITLE NAME KELLY, SEAN M 1.2 NAME 10108 TARPON DRIVE STREET ADDRESS 1.3 STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KELLY, LORA C 2.2 NAME NAME 10108 TARPON DRIVE 2.3 STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TOTLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition THILE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition 5.1 TITLE TITLE 5 2 NAME STREET ADDRESS 53 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Addition Change 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-S1-7IP

14. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the ecciver or trushed 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 attachment with an address

SIGNATURE: