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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000097786 (2)

KELLEY-SUTTON MANAGEMENT INC.

Principal Place of Business

Mailing Address

FILED
May 19 1998 8:00am
Secretary of State



| Principal Place of Business  | Matting Address                    |                                 |  | 4111 14411 15401 14114 6111 1641  |
|--|------------------------------------|---------------------------------|--|-----------------------------------|
| 2045 FREDERICK DR.   | 2045 FREDERICK DR.                 |                                 |  |                                   |
| VENICE FL 34292  | VENICE FL 34292                    |                                 | DO NOT WRITE IN THIS   | O ODAOE                           |
|  |                                    |                                 | DO NOT WRITE IN THIS  3. Date Incorporated or Qualified        | SOFACE                            |
|  |                                    |                                 | 1  |                                   |
| 2. Principal Place of Business   | 2a. Mailing Address                |                                 | 11/17/1997<br>4. FEI Number 65- 07950                          | <u> </u>                          |
| 21 Paws - N- Claws   | 26 Kelley-Sut                      | ton                             | 4. FEI Number 65 - 07950                                       |                                   |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                | COII                            |  | Not Applicable                    |
| Suite, Apt. #, etc.<br>1657 S. Tamiami   | 27 5225 n. Re                      | no Ave #23                      | g 5. Certificate of Status Desired                             | \$8.75 Additional<br>Fee Required |
| City & State   | City & State                       | 110 1110 1100                   | <del>-  </del>   |                                   |
| 23 Venice, FL  | 28 Las Vegas,                      | NV                              | 6. Election Campaign Financing Trust Fund Contribution         | \$5.00 May Be<br>Added to Fees    |
| Zip Country  | Zip                                | Country                         | 8. This corporation owes or has paid the ci                    |                                   |
| 24 34293 25 USA  | <u> </u>                           | io ÚSA                          | Personal Property Tax due June 30.                             | Yes No                            |
| 9. Name and Address of Curren  |                                    |                                 | 10. Name and Address of New Registered                         |                                   |
| KELLEY, ELIZABETH J 81 Name  |                                    |                                 |  |                                   |
| 2045 FREDERICK DR.   |                                    |                                 | James E. Kelley  |                                   |
| VENICE FL 34292  |                                    | 82 Street Add                   | dress (P.O. Box Number is Not Acceptable) 2045 Frederick Drive |                                   |
| ,*   |                                    | 83                              | 2043 TIEGETTER DITTE   |                                   |
| <u> </u>   |                                    |                                 |  |                                   |
|  |                                    | 84 City                         | Venice FI  | L 85 Zip Code 3 4 2 9 2           |
| 11. Pursuant to the provisions of Sections 607.050:  | 2 and 607.1508 Florida Statutes    | the above-named cor             |  | of changing its registered        |
| 11. Pursuant to the provisions of Sections 607.050; office or registered agont or both in the State agent. I am lapsiliar with, and accept the obliga- | of Florida. Such change was au     | thorized by the corpora         | ation's board of directors, I hereby accept the ap             | pointment as registered           |
| agent. Fam labilitat vital, and accept introduga   | itorisoli, section 607,0505, Fiori | Kelley                          | 2045 PREGERICK DR.   | 10x                               |
| SIGNATURE Storage typed to printed many of respectful age  | ot and bit 4 a) Gicable (NOTE: I   | Registered Agent sighature requ | VENICE, FL 34242 3/8   | 770                               |
| 12. OFFICERS AND   |                                    | 13.                             | ADDITIONS/CHANGES TO OFFICERS AN                               | ID DIRECTORS IN 12                |
| me   | ` DELETE                           | 1.1 TITLE                       | Parcialnut   |                                   |
| Me. U  | -                                  | 1.2 NAME                        | PLIZABOTA J KELLEY<br>1045 FRODERICK DR                        | 4                                 |
| STREET ADDRESS   | •                                  | 1.3 STREET ADDRESS              | 1045 PREDERICK DR  | Z   §                             |
| ECTIVASI-ZIP   |                                    | 1.4 CITY-ST-ZIP                 | VENICE FL34292   | ָּב <sup>ו</sup> ו                |
| Strite i   | ☐ DELETÉ                           | 2.1 TITLE                       | VENICE, FL34292  | Change Addition                   |
| NAME   |                                    | 2.2 NAME                        | SE KELLEY<br>OUT FRENERICK                                     |                                   |
| STREET ADDRESS   |                                    | 2.3 STREET ADDRESS              | FRESTRICK  | OR                                |
| CITY+ST-ZIP  |                                    | 2. 4 CiTY-ST-ZIP                | VENICE FL  |                                   |
| TITLE  | DELETE                             | 3.1 TITLE                       | ,                        | Change Addition                   |
| NAME   |                                    | 3.2 NAME                        |  | -                                 |
| STREET ADDRESS   |                                    | 3.3 STREET ADDRESS              |  |                                   |
| CITY-ST-ZIP  |                                    | 3.4. CITY - ST - ZIP            |  |                                   |
| TITLE  | DELETE                             | 4.1 TITLE                       |  | Change Addition                   |
| NAME   |                                    | 4. 2 NAME                       |  |                                   |
| STREET ADDRESS   |                                    | 4.3 STREET ADDRESS              |  |                                   |
| CITY-ST-ZIP  |                                    | 4.4 CITY-ST-ZIP                 |  |                                   |
| TITLE  | DELETE                             | 5.1 TITLE                       |  | Change Addition                   |
| NAME   |                                    | 5.2 NAME                        |  |                                   |
| STREET ADDRESS   |                                    | 5.3 STREFT ADDRESS              |  |                                   |
| City-SI-ZIP  |                                    | 5.4 CITY-ST-ZIP                 |  |                                   |
| TITLE  | DELETE                             | 6.1 TITLE                       |  | Change Addition                   |
| NAME   |                                    | 6.2 NAME                        |  | C Summing                         |
| STREET ADDRESS   |                                    | 1                               |  |                                   |
|  |                                    | 6 3 STREET ADDRESS              |  |                                   |
| CITY-ST-ZIP  |                                    | 6.4 City-St-ZiP                 |  |                                   |

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 an attachment with an address.

111.11