

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
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90028 047 ***150.00

DOCUMENT # P98000012527

1. Corporation Name
KARELY CORPORATION

Principal Place of Business
491 RAQUET CLUB ROAD
SUITE 305
FT LAUDERDALE FL 33326

Mailing Address
491 RAQUET CLUB ROAD
SUITE 305
FT LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/09/1998

4. FEI Number
65-0812147

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 491 RACQUET CLUB ROAD

Suite, Apt. #, etc.

22 Suite 305

City & State

23 FT LAUDERDALE, FL

Zip

24 33326

Country

25 US

2a. Mailing Address

26 491 RACQUET CLUB ROAD

Suite, Apt. #, etc.

27 Suite 305

City & State

28 FT LAUDERDALE FL

Zip

29 33326

Country

30 US

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ELYSE P. BIALE

82 Street Address (P.O. Box Number is Not Acceptable)

491 RACQUET CLUB ROAD

83 SUITE 305

84 City

Fort Lauderdale

FL

85 Zip Code

33326

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

ELYSE P. BIALE

3/9/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME BIALE, ELYSE P
STREET ADDRESS 491 RAQUET CLUB ROAD
CITY-ST-ZIP FT LAUDERDALE FL 33326

TITLE SVD ☐ DELETE
NAME CARROLL, KAREN P
STREET ADDRESS 491 RAQUET CLUB ROAD
CITY-ST-ZIP FT LAUDERDALE FL 33326

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 491 RACQUET CLUB ROAD
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 491 RACQUET CLUB ROAD
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

ELYSE P. BIALE - PRESIDENT

Date

Daytime Phone #

3/9/99 954-347-7486

CR2E034 (11/98)

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