

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

DOCUMENT # P98000022717

1. Corporation Name

KELCOM COMMUNICATIONS, INC.

Principal Place of Business Mailing Address  
6043-A KIMBERLY BOULEVARD 6043-A KIMBERLY BOULEVARD  
NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

65-0817164

Applied For

Not Applicable

6. 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLINSKY, JED M  
YACHT & RACQUET CLUB TH12  
2701 NORTH OCEAN BOULEVARD  
BOCA RATON, FL 33068

81 Name

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

83

84 City

300002840329

04/15/99-01077-018

\*\*\*\*150.00 \*\*\*\*150.00

FL

85 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

12.2 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

12.3 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

12.4 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

12.5 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

12.6 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

12.7 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CD

☐ Change ☒ Addition

1.2 NAME

ALICIA ECKARDT

1.3 STREET ADDRESS

6043-A KIMBERLY BOULEVARD

1.4 CITY - ST - ZIP

NORTH LAUDERDALE, FL 33068

2.1 TITLE

PD

☐ Change ☒ Addition

2.2 NAME

CHARLES ECKARDT

2.3 STREET ADDRESS

6043-A KIMBERLY BOULEVARD

2.4 CITY - ST - ZIP

NORTH LAUDERDALE, FL 33068

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:

VICTOR LERRO, ATTY IN FACT

04/06/99

561-995-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

☒ Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.

Or

☐ No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.

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Special Power of Attorney

I, Charles Eckardt, President of Kelcom Communications, Inc., hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in Block 14 of the signature area the Florida Department of State Profit Corporation Annual Report on behalf of Kelcom Communications, Inc... This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.

  
Signature

President.  
Title

10/29/98  
Date

Charles Eckardt  
Printed name