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 # **P98000035416**1. Corporation Name

KELCOMP INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90019 035 ***158.75



						.						
Principal Place of Business Mailing Address					$-\dashv$	Li			ITHE BEIN	OBSII ODID		AI LINIA BUT 1991
2200 NE 30 CO LIGHTHOUSE P	URT	2200 NE 30 COURT LIGHTHOUSE POINT FL 33064			[
						DO NOT WRITE IN THIS SPACE						
					1	 Date In 04/20 		ted or Qu	alifed			}
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Nu	mber					Applied For
21		26				65	-0	831	20	3		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifoa	ate of S	atus Desir	red	· 文		Additional
22		27				J. Ochmo				<u> </u>		Required
City & State		City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country	Zip	Country		- 1	8. This co	rporatio	n awes th	e currer	ıt year Ir	ntangible	
24	25	29 30	ดิ				•	erty Tax.			Yes	XNo
	9. Name and Address of Current				1	0. Name	and Ad	dress of I	New Re	gistered	l Agent	
	D4 110/20		81	Name	LENO	LE	J.	KELDE	ERHOL	3 F		
AMERILAWYER			82	Street	Address	(P.O. Box						
343				2200	(P.O. Box	3	OTH	COUK	· T			
COR	AL GABLES FL 33134		83									
			84	City 1	ICHTH	OVSE P	DINT	•		FI	85 Zig	o Code 3 3 0 4 4
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation. **LEVOR** J. KELDEA H**	of Florida. Such change was auth ions of, Section 607.0505, Florida	orized by a Statoles	the corp	poration's	board of o	directors	. I nereby	accept	тпе арро	ointment as	registered
	Signature, typed or printed name of registered agent OFFICERS AND		gistered Ager	nt signature	regulated whi		NS/CH				ND DIRECT	
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE		<u> </u>	ADDITIO	J140/01	AITOLO I	<u> </u>	<u>oena x</u>	☐ Change	
NAME	KELDERHOUSE, GERALD	_	1.2 NAME		}							
STREET ADDRESS	2200 NE 30 COURT		1	TADDRESS								ļ
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		1,4 CITY-S									l
TITLE	VD	☐ DELETE	2.1 TITLE								Change	e 🔲 Addition
NAME	KELDERHOUSE, LENORE		2.2 NAME									ĺ
STREET ADDRESS	2200 NE 30 COURT		2.3 STREE	TADDRESS	3	1						
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		2. 4 CITY-5	ST-ZIP	1	1		_				
TITLE		☐ DELETE	3.1 TITLE								☐ Change	e Addition
NAME			32 NAME									ļ
STREET ADDRESS			3.3 STREE	TADDRESS	s							
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP								
TITLE		☐ DELETE	4.1 TITLE								☐ Change	e
NAME			4. 2 NAME									
STREET ADDRESS			4.3 STREE	T ADDRESS	s							[
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	ļ							
TITLE		☐ DELETE	5.1 TITLE								Change	e Addition
NAME			5.2 NAME		_ [
STREET ADDRESS				TADDRESS	S							
CITY-ST-ZIP	· - · - · - · - · - · - · - · - · - · -		5.4 CITY-S	T-ZIP	-							
TITLE		☐ DELETE	6.1 TITLE								Change	e 🔲 Addition
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREE	T ADDRESS	5							

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 deporation of 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 thanged, or on an attachment with an address, with all other like empowered.

SIGNATURE