

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 04, 1999 8:00 am
Secretary of State

03-04-1999 90157 006 ***150.00

DOCUMENT # S89111

1. Corporation Name
KELA, INC.

Principal Place of Business
**9100 S DADELAND BLVD
SUITE 1707
MIAMI FL 33156**

Mailing Address
**9100 S DADELAND BLVD
SUITE 1707
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1991

4. FEI Number **65-0292937** 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

2a. Mailing Address

21 **2101 Corporate Blvd.,**

26 **2101 Corporate Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 107**

27 **Suite 107**

City & State

City & State

23 **Boca Raton, FL**

28 **Boca Raton, FL**

Zip

Zip

Country

Country

24 **33431** **25** **USA**

29 **33431** **30** **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**M & W AGENTS INC.
9100 S DADELAND BLVD
PH 1
MIAMI FL 33156**

81 Name

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

2101 Corporate Blvd.

83 Suite 107

84 City **Boca Raton**

FL

85 Zip Code **33431**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD LUSTGARTEN, KAY E.**
STREET ADDRESS **15800 KINGSMOOR WAY**
CITY-ST-ZIP **MIAMI LAKES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD CISEWSKI, JAMES**
STREET ADDRESS **3308 HIGHLAND AVE**
CITY-ST-ZIP **WYZETTA MN**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99 **305-558-3343**

CR2E034 (11/98)