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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 603751 (9)

1. Corporation Name
KEITH AND SCHNARS, P.A.

Principal Place of Business	Mailing Address
6500 N ANDREWS AVE. FORT LAUDERDALE FL 33309	6500 N ANDREWS AVE. FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1972

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 59-1406307 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KEITH, WILLIAM V.
6500 N ANDREWS AVE.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: KALAYCI, TANZER H.
82 Street Address (P.O. Box Number is Not Acceptable): 6500 N. Andrews Ave.
83
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33309

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: W. B. Keith
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	COBS	☒ DELETE	1.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	KEITH, WILLIAM V.		1.2 NAME	Mark Moshier	
STREET ADDRESS	6500 N. ANDREWS AVE.		1.3 STREET ADDRESS	6500 N. Andrews Ave	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HORNE, GARTH		2.2 NAME		
STREET ADDRESS	6500 N. ANDREWS AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BREED, JOHN N.		3.2 NAME		
STREET ADDRESS	6500 N. ANDREWS AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	EVD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAMOS, R. ARNOLD		4.2 NAME		
STREET ADDRESS	6500 N ANDRWES AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, WILLIAM T.		5.2 NAME		
STREET ADDRESS	6500 N ANDREWS AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KALAYCI, TANZER H		6.2 NAME		
STREET ADDRESS	6500 N ANDREWS AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: T. H. Kalayci 1/16/98 954-776-1616