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

**PROFIT** CORPORATION ANNUAL REPORT

1999 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 697003

## May 17, 1999 8:00 am Secretary of State

05-17-1999 90071 034 \*\*\*150.00

J. KELLER J ASSOCIATES, INC.						555667 - <del>9</del> WU/1 - 34		
Principal Place of Business  Wailing Address  LYO   PEMBRUKE RUAD   LYO   PEMBRUKE								
HONLY FL 330L3-2137 HONLY FL						DO NOT WRITE IN THIS	SPACE	
Hourtongs EC 22052-512) Hourtons Le				<i>)                                    </i>	2(3)	3. Date Incorporated or Qualified		
						3 16 1984		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	,	Applied For
21 26						59-238646		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc						5. Certificate of Status Desired	\$8.75	5 Additional
27						5. Certificate of Status Desired	Fee	Required
City & Stati	e	City & State	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zıp	Country	Zip	Cou	ıntry		8. This corporation owes or has paid the cu		
24	25	29	30			Total and the second se		□ No
·	9. Name and Address of Curren	t Registered Agent		-	NI.	10. Name and Address of New Registered	Agent	
				81	Name			
KELLER I JUSEPH				82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
ILIONW 92 NO NE								
PEMBROKE AIRS FL 33024				83				1
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	City	FL	85 Zi	p Code
	(0)	2007 4500 51 11 0144	10				t changing	z its societored
office or r	to the provisions of Sections 607 0502 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was -	authorize	d by	the corporation	oration submits this statement for the purpose on shoard of directors. I hereby accept the appropriate the statement for the purpose of the statement of the st	ointment a	as registered
SIGNATURE _								
	Signature, typed or printed name of registered ager			d Agen	it signature require	ed when reinstating) DATE	- CIDEOTI	ODG IN 10
12.	OFFICERS AND	DELETE DELETE	13.	71.5		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO Change	
TITLE	1) C N		1 1 TITLE				Crizing	Addition
NAME	KELLER, JUSIE PH	•		1 2 NAME 1 3 STREET ADDRESS				+
STREET ADDRESS	1210 NW 912 NO AV							
CITY - SI - ZIP	DEMORNEE PINE	DELETE	2.1 T	ITY-ST	- ZIP		☐ Change	e 🔲 Addition
TITLE				-			C Onlange	, Addition
NAME			2.2 N					
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP		DELETE	31 [	ITY-SI	1 - ZIP		Change	e Addition
TITLE		بالمعادة الم	3 2 N					
NAME					ADDRESS			1
STREET ADDRESS				ITY - ST				
CITY-ST-ZIP TITLE		DELETE	411		1-211		Change	e Addition
NAME			4.21				_ ,	
STREET ADDRESS					ADDRESS			}
CITY-ST-ZIP				ITY-ST				į
THILE		DELETE	5 1 TI				☐ Change	e 🔲 Addition
NAME			5 2 N					
STREET ADDRESS			4		ADDRESS			
CITY-ST-ZIP			ì	ITY-ST				
TITLE		☐ DELETE	6 1 TI				Change	e 🔲 Addition
NAME			62 N	AMÉ				
STREET ADDRESS					ADDRESS			}
CITY-ST-7IP			640	ITY-SI	- 71P			
14.   hereby c	certify that the information supplied wi	th this filing does not qualify f	or the ex	empti	ion stated in S	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the	he 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 correction 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:

JOSEPH KELLER PARS IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 9811414

CR2E034 (10/97)

**=**%a