2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2017
Secretary of State
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Entity Name: KEITH AND SCHNARS, P.A.

Current Principal Place of Business:

6500 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33309

Current Mailing Address:

6500 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33309

FEI Number: 59-1406307

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KALAYCI, ERROL S
6500 N ANDREWS AVE
FT. LAUDERDALE, FL 33309 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, CEO, DIRECTOR
Name	KALAYCI, ERROL
Address	6500 N ANDREWS AVE.
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	VP, DIRECTOR
Name	KRISAK, ROBERT
Address	6500 N ANDREWS AVE
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	DIRECTOR
Name	KALAYCI, TANZER
Address	6500 NORTH ANDREWS AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	CFO
Name	JACKSON, KIM
Address	6500 NORTH ANDREWS AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	VPDS
Name	MOSHIER, MARK
Address	6500 N ANDREWS AVE.
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	VPD
Name	REED, BRUCE
Address	6500 N ANDREWS AVE
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	VP
Name	GOMEZ, JOSE "JOE"
Address	6500 NORTH ANDREWS AVE
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	VP
Name	HILLIARD, ANTHONY
Address	6500 NORTH ANDREWS AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33309

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERROL KALAYCI CEO 03/31/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	WILSON, BRYAN
Address	6500 NORTH ANDREWS AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33309