

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 235966 (9)

1. Corporation Name

KEEN ENTERPRISES INC



Principal Place of Business

2816 MORRISON AVE.  
TAMPA FL 33629

Mailing Address

2816 MORRISON AVE.  
TAMPA FL 33629

3. Date Incorporated or Qualified  
05/02/1960

3a. Date of Last Report  
04/13/1995

4. FEI Number

59-0910124

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 has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

2. Principal Place of Business

21 4100 W. Kennedy Blvd

22 Suite 113

23 City & State

23 TAMPA FL

24 Zip

24 33609

25 Country

25 USA

2a. Mailing Address

27 4100 W. Kennedy Blvd

27 Suite, Apt. #, etc.

27 Suite 113

28 City & State

28 TAMPA FL

29 Zip

29 33609

30 Country

30 USA

9. Name and Address of Current Registered Agent

KAPPIRIS, STANLEY N.  
4100 W. KENNEDY BLVD., SUITE 113  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

*Stanley N. Kappiris*  
Signature, typed or printed name of registered agent, and if applicable

STANLEY N. KAPPIRIS

3/5/96

(Not a Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME KAPPIRIS, ANITA  
STREET ADDRESS 2816 MORRISON AVE.  
CITY-ST-ZIP TAMPA, FL 0

☒ DELETE

TITLE V  
NAME KAPPIRIS, STANLEY N.  
STREET ADDRESS 4100 W KENNEDY BLDG #209  
CITY-ST-ZIP TAMPA, FL 00000

☒ DELETE

TITLE S  
NAME NEYLAND, MARILYN K.  
STREET ADDRESS 2616 MORRISON AVE  
CITY-ST-ZIP TAMPA, FL 0

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PSTD  
STANLEY N. KAPPIRIS  
4100 W. Kennedy Blvd, # 113  
TAMPA FL 33609

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
VD  
ANITA KAPPIRIS  
2816 MORRISON AVE  
TAMPA FL 33629

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Stanley N. Kappiris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/96

Daytime Phone #

813-289-5236

CR2E034 (12/95)