FILED 'FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 04 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (6)SCOTT O'KEEFE,INC. Principal Place of Business Mailing Address 1301 GULF BLVD. P.O. BO 235 PO BOX 235 DO NOT WRITE IN THIS SPACE **CLEARWATER FL 34630** LARGO FL 346 3. Date Incorporated or Qualified 10/24/1974 2. Principal Place of Business 2a. Mailing Addre 4. FEI Number Applied For 26 <u>59-1575069</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, e **\$8.75** Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name and Address of Registered Agent OKEEFE. SCOTT 1301 GULF BLVD. #205 CLEARWATR FL 22030 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 obligators of Section 607.0505, Florida Statutes. -27-98 SIGNATURE NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE O'KEEFE, SCOTT NAME 1.2 NAME 1301 GULF BLW # ZOS 1301 GULF BLVD.,#205 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME O'KEEFE, EMMA 2.2 NAME STREET ADDRESS 1301 GULF BLVD. #205 2.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE Change 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **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 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachm