

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 # **487975** (5)

1. Corporation Name

KEAL INTERNATIONAL CORPORATION



Principal Place of Business

Mailing Address

**5450 S. STATE ROAD 7 #38
FORT LAUDERDALE FL 33314**

**5450 S. STATE ROAD 7 #38
FORT LAUDERDALE FL 33314**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/20/1975

3a. Date of Last Report
03/13/1995

4. FEI Number

59-1659056

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

CLARKE, JOHN G. L.
**5450 S. STATE ROAD 7 #38
FORT LAUDERDALE FL 33314**

81 Name

DENISE CHAPMAN

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

5450 S. STATE RD. 7 #38

83

84 City

FT. LAUDERDALE

85

Zip Code
33314

10. Name and Address of New Registered Agent

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

Denise Chapman
Signature, typed or printed name of registered agent and title if applicable

DENISE CHAPMAN
(NOTE: Registered Agent signature required when reinstating)

4/18/96
Date

12. OFFICERS AND DIRECTORS

TITLE **VST** ☐ DELETE
NAME **CHAPMAN, DENISE**
STREET ADDRESS **11310 SHERIDAN ST**
CITY- ST- ZIP **PEMBROKE PINES FL**

TITLE **PD** ☐ DELETE
NAME **CLARKE, JOHN G L**
STREET ADDRESS **2140 NW 82ND TERR**
CITY- ST- ZIP **PEMBROKE PINES, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VST** ☒ Change ☐ Addition
1.2 NAME **CHAPMAN, DENISE**
1.3 STREET ADDRESS **10337 S.W. 17th Drive**
1.4 CITY- ST- ZIP **DAVIE, FL.**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

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

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

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

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

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: *Denise Chapman* **DENISE CHAPMAN**

4/18/96
Date

954-583-6010
Daytime Phone #

CR2E034 (12/95)