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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

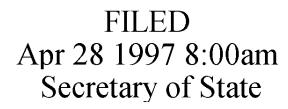
DOCUMENT # 609013

(8)

KEEBLE & THOMAS, INC.

Principal Place of Business

Mailing Address





410 97 (200) UNR-9613

249 UNIVERSITY DRIVE CORAL GABLES FL 33134		249 UNIVERSITY DRIVE CORAL GABLES FL 33134-6732						
					3. Date Incorporated or Qualified 02/07/1979	3a. Date of Last 07/15/1996		
2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For	
21		26	.4		59-1882625		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	h-m '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Country 30	1	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No			
	g. Name and Address of Curre				10. Name and Address of New Reg	stered Agent		
KEE	BLE, RICHARD T		81	Name				
249 UNIVERSITY DRIVE CORAL GABLES, FL			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
3313	-		83					
			84	,		FL	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						DATE		
	Signature, typed or printed name of registered ag	NOTE (NOTE) Applicable (NOTE)	13.	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC		DBS IN 12	
12.	SID	DELETE	11 10LE		ADDITIONS/OFFANGES TO GITTO	Change		
NAME	KEEBLE, JANE T.		1.2 NAME					
STREET ADDRESS	622 SAN ANTONIOAVE		13 STREE	ADDRESS				
CITY-ST-ZIP	CORAL GALBES FL 14		14 CHY-	ST - ZIP				
TITLE	PD	☐ DELETE	2 1 TITLE			Change	Addition	
NAME	KEEBLE, RICHARD T.		2 2 NAME		· •			
STREET ADDRESS			2 3 STREE	F ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		2 4 CITY-	ST-ZIP				
TITLE	VD	☐ DELETE	3 1 TITLE			☐ Change	e 🔲 Addition	
NAME			3 2 NAME					
STREET ADDRESS	I			I ADDRESS				
CITY-ST-ZIP			3 4 CITY-	S1-ZIP		Change	1 delica	
TITLE			4 1 T(1LE			Change	e	
NAME			4 2 NAME					
STREET ADDRESS				I ADDRESS			1	
CITY-ST-ZIP TITLE			44 CITY - 51 TITLE	51-211		Change	Addition	
NAME		52						
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5 4 CHTY-					
TITLE		DELETE	61 TITLE	V 611		Chang	e Addition	
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			64 CITY-	ST-ZIP				

14. I do 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 (2 or Block 13 if changed, or on an attachment with an address.