

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

FILED

Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002571 (7)

1. Corporation Name

KEITH RHODES AND ASSOCIATES, INC.



Principal Place of Business

433 PLAZA ROAD  
STE 275  
BOCA RATON FL 33432  
US

Mailing Address

7850 NW 146TH ST  
STE 425  
MIAMI LAKES FL 33016  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1994

4. FEI Number

13-3696053

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 333 W. Camino Gardens Blvd

Suite, Apt. #, etc.

22 Ste 203

City & State

23 Boca Raton, FL

Zip

24 33432

Country

25 US

2a. Mailing Address

26 333 W. Camino Gardens Blvd

Suite, Apt. #, etc.

27 Ste 203

City & State

28 Boca Raton, FL

Zip

29 33432

Country

30 US

9. Name and Address of Current Registered Agent

DECHANT, JAMES F P.G.  
185 NW SPANISH RIVER BLVD  
BOCA RATON FL 33432

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME RHODES, KEITH  
STREET ADDRESS 16 N MANNING BLVD. G23  
CITY-ST-ZIP ALBANY NY 12208

TITLE DT ☒ DELETE

NAME BLASLAND, WARREN V JR.  
STREET ADDRESS 2887 N. OCEAN BLVD., APT. 1 802  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE DS ☒ DELETE

NAME BIAGI, ROGER  
STREET ADDRESS 3540 OLD YORKTOWN RD.  
CITY-ST-ZIP YORKTOWN HEIGHTS NY 10598

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

30 Marie Pkwy  
Loudonville, NY 12211

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

S  
Sandra Rhodes  
30 Marie Pkwy  
Loudonville, NY 12211

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 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Keith Rhodes

Resident

4/9/98

561 447-7327

CR2E034 (10/97)