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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	1997		Secretary DIVISION OF CO						Secretary of State				
DOCUMEN 1. Corporation Name			45	(9	)								
KEENAN DEV	ELOPN	MENT, INC.											H
Principal Place of Business Mailing Address									I DERMI EEN EERN NEEN REIN FIEET EN		an ana i	ARI ARA	<b>II</b> I
1500 NORTHWEST 49TH SUITE 500		1500 NORTHWEST 49TH STREET SUITE 500											
FORT LAUDERDALE FL 33309 US				FORT LAUDERDALE FL 33309-3700 US					3. Date Incorporated or Qualified				
2. Principal Place of E	lusiness		28.	Mailing Addre	SS				4. FEI Number			Applied	For
21			26	***************************************					59-2396599			Not App	
Suite, Apt #, etc.			<u>1</u>	Suite, Apt. #, €	etc.				5. Certificate of Status Desired			<b>5</b> Additk Require	
City & State			27	City & State	·-···				6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		<del></del>	
23			28	01, 0 010.0					Trust Fund Contribution			<b>)0</b> May ed to Fee	
Zip	Country			Zip			'y		8. This corporation has liability for	intangible			
24 25			29			30			Florida Statutes				
9. NA BOYLE, CO		Address of Cu	rrent Regist	ered Agent		8	1 Nam		10. Name and Address of New Ro	egistered /	gent		
		BLVD., #1950 FL 33394-0079				8:		et Addr	ess (P.O. Box Number is Not Accepta	ble)			
						8-	f City			FL	<b>85</b> Z	ip Code	
11. Pursuant to the prooffice or registere agent I am familia	ovisions d agent, ir with, a	of Sections 607 or both, in the 5 nd accept the o	.0502 and 60 state of Florid bligations of,	7.1508, Florida a. Such chang Section 607.0	a Statutes e was au 505, Flori	s, the abo thorized t ida Statute	ve-name by the co es.	ed corp orporal	poration submits this statement for the ion's board of directors. I hereby acce	purpose of pt the app	changin pintment	g its regi as regis	istered tered
SIGNATURE	Connell to the	ided name of registere	a agent and alle it	Lacobe akta	(NOTE:	Hagistored A	nenis Inen	ure neová	red when reinstating)	DATE			
12.	opporte or part		AND DIREC		(140.12.	13.	gorii olgilai		ADDITIONS/CHANGES TO OFFI		DIRECT	ORS IN	12
TITLE PD			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEL	ETE	1 1 TITLE					Chang	)6 L	Addition
	ian, Wi					1.2 NAME							
		WEST 49TH	STREET, SL	ITE 500		13 STRE	ET ADDRES	s					
		DALE FL				1.4 CITY-		<b>_</b>					
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		1, DALE	OTDECT OIL	IITE EAN		2.2 NAME		_					
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STREET ADDRESS						1	: Et addres	s					
CITY-ST-ZIP						3.4. CITY		_					
TITLE				DEL	ETE	4.1 TITLE					Chang	je 🔲	Addition
NAME				_		4. 2 NAM							
STREET ADDRESS							- Et adores	5					
CITY-ST-ZIP						44 CiTY		-					

CHY-ST-ZIP 6.4 CITY-ST-ZIP 14. To 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 on an attachment with an address.

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

**SIGNATURE:** 

TITLE NAME

THLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

DELETE

DELETE

Daytme Phone #

Change

Change

Addition

Addition

**FILED** 

Jan 24 1997 8:00am