

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:07

DOCUMENT # H11003

(1)

1. Corporation Name

KEITH & ALISSA, INC.

Principal Place of Business

261 EAST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334-1625

Mailing Address

261 EAST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334-1625

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/10/1984

3a. Date of Last Report

07/22/1994

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

10. Name and Address of New Registered Agent

ROSS TRAGER & ASSOC., P.A.
7900 N. UNIVERSITY DR.
TAMARAC FL 33321

81 Name

ROSS TRAGER, P.A.

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

1000 N. HIATUS RD. - SUITE 110

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33026

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 of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

2/15/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

HOCHHAUSER, HAROLD

STREET ADDRESS

9855 N.W. 9TH CT.

CITY - ST - ZIP

PLANTATION FL

TITLE

SD

NAME

HOCHHAUSER, ELLEN

STREET ADDRESS

9855 N.W. 9TH CT.

CITY - ST - ZIP

PLANTATION FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 or Block 14, or on an addendum with an address.

SIGNATURE

(Signature and typed or printed name of signing officer or director)

HAL HOCHHAUSER

2/15/95

305 772 8007