Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90005 038 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **J20149**

1. Corporation Name

KEENAN	PROPERTI	ES, INC.									
Principal Place	of Rusiness		M	ailing Address				\dashv	i (\$000)0 olia yidil dəlat ildir qıqla talı sıl	JER BERTH BERTH BERT	I BIBII BEBEI IBBI
500 E BROWARD BLVD STE 1950				500 E BROWARD BLVD STE 1950 FT. LAUDERDALE FL 33394					DO NOT WRITE IN TH	HIS SPACE	
FT. LAUDERDALE FL 33394				FI, ENUDERDALE PE 30094				F	3. Date Incorporated or Qualifed		}
								ļ	06/19/1986		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	$ \top$ \prime	Applied For
				26					65-0001897	.) — 7	Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional Required
City & State				City & State					6. Election Campaign Financing	\$5.0	0 May Be
23				28			1	Trust Fund Contribution	•	d to Fees	
Zip Country				Zip Country					8. This corporation owes the current year	Intangible	
24	25		29		30			1	Personal Property Tax.	Yes	□No
		d Address of Curren		tered Agent					10. Name and Address of New Register	ed Agent	
	·					81	Name				
BOYLE, CONRAD J., ESQ				82 Stree			Stroot A	ddross	s (P.O. Box Number is Not Acceptable)		
500 E. BROWARD BLVD.							SueerA	uu es	S (F.O. DOX Number is Not Acceptable)		
STE	1950					83					
FT. LAUDERDALE FL 33394					_\-\-					05 70	p Code
						84 City			F	EL 85 Zip	Code
office or re	anietorod anont	or both in the State i	of Florid	07.1508, Florida Statut da. Such change was a , Section 607.0505, Flo	utnorizea	DV	tne corpor	orpora ration's	ation submits this statement for the purpose s board of directors. I hereby accept the ap	of changing i pointment as	its registered registered
SIGNATURE					B1111				hen reinstating) DATE		
Signature, typed or printed name of registered age 12. OFFICERS A							tered Agent signature required to 13.		ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
TITLE	STD	OFFICENS AN	O DINE	DELETE	1.1 TITI				ADDITIONOLOGIA NO CONTRACTOR OF THE CONTRACTOR O	[] Change	
NAME KEENAN, WILLIAM					1.2 NA		ľ				
4500 ABM 40TH CT					1.3 STREET ADD						. [
ET ALIDEDDALE EL							1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	VPD			☐ DELETE		2.1 TITLE				☐ Change	e
Į		ש האוב		<u></u>	2.2 NAJ					_, .	ſ
NAME CERTAINS	ACOO ANAL ACTUL OT						2.3 STREET ADDRESS				ļ
STREET ADDRESS	ET LAUDCODALC CL			2.40			1				[
CITY-ST-ZIP TITLE				☐ DELETE	3.1 711		,, 21			☐ Change	e
NAME	• –	ORERT D			3.2 NA	_					
STREET ADDRESS	Keenan, Robert D 1500 NW 49TH Street					3.3 STREET ADDRESS					•
1	FT. LAUDEF				3.4. CIT						į
CITY-ST-ZIP TITLE	DE				4.1 TIT					☐ Chang	e 🔲 Addition
NAME					4, 2 NA	ME					1
STREET ADDRESS							ADORESS				
CITY-ST-ZIP					4.4 CITY-ST-ZIP						}
TITLE							TITLE			☐ Chang	e Addition
NAME					5.2 NA						
STREET ADDRESS					5.3 STF	REET	TADDRESS				
CITY-ST-ZIP					5.4 CIT	Y-S	T-ZIP				J
TITLE				☐ DELETE	6.1 TITI	E				Change	e Addition
1					62 NAI	uc.	1				ì

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS