FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J31138** (7)

1. Corporation Name

OKEE INVESTMENT, INC.

Principal Place of Business: 8 SHANNON CIRCLE, W. PALM BEACH FL 33401

Mailing Address: 8 SHANNON CIRCLE, W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1986
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2818832 — 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 is not liable for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SLAVIN, DANIEL
8 SHANNON CIRCLE
W. PALM BEACH FL 33401

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	DP
NAME	SLAVIN, DANIEL
STREET ADDRESS	8 SHANNON CIRCLE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	DS
NAME	SLAVIN, MARILYN
STREET ADDRESS	8 SHANNON CIR
CITY-ST-ZIP	W PALM BCH FL
TITLE	DV
NAME	MIRKIN, ELIZABETH
STREET ADDRESS	1455 BEAR ISLAND DR
CITY-ST-ZIP	W PALM BCH FL
TITLE	D
NAME	SLAVIN, ANDREW B
STREET ADDRESS	1411 N FLAGLER DR
CITY-ST-ZIP	W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(☐ Change ☐ Addition — TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, blank)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: Daniel Slavin Pres — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL SLAVIN

5/9/95 — Date

407-640-5520 — Daytime Phone #

0242842 CP