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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # K94562

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

**DIVISION OF CORPORATIONS** 

## Secretary of State

## FILED Apr 15, 1999 8:00 am Secretary of State 04-15-1999 90097 033 \*\*\*150.00

MCKEEV	'ER & ASSOCIATES, INC	). •									
Principal Place	e of Business	Mailing A	Address						BIL GABAA BABAI DI	EII 01811 1881	
Principal Place of Business Mailing Address  C/O EDWARD E. MCKEEVER. JR.  1400 W FAIRBANKS AVE SUITE 203  WINTER PARK FL 32789  Mailing Address  C/O EDWARD E. MCKEEVER.  1400 W FAIRBANKS AVE SUITE  203  WINTER PARK FL 32789							DO NOT WRIT	E IN THIS	SPACE		
							3. Date Incorporated or Qualifed				
							06/12/1989		<del></del>	. P	
	lace of Business	<u> </u>	ng Address				4. FEI Number 59-2959074			olied For Applicable	
Suite, Apt.	#. etc.	26 Suite	Apt. #, etc.						\$8.75 A		
22	.,,	27	•				5. Certifcate of Status Desired		Fee Re	quired	
City & State	8	City	& State			r <del>=</del>	6. Election Campaign Financing		\$5.00	May Be	==
23		28					Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	·	Cou	ntry		8. This corporation owes the curre	ent year Inta		□No	
24	25	29		30	r		Personal Property Tax.  10. Name and Address of New R	egistered /	<b>⊼</b>		
	9. Name and Address of Cur	rrent Registered	Agent		81	Name	IV. Halle and Address of New A.	· giotor · · ·			
MCK	(EEVER, EDWARD E. JR.				82	Ct 1 A 1 4	(D.O. Barrishania Nationale	hla)			
1400	W. FAIRBANKS AVENUE					Street Addr	et Address (P.O. Box Number is Not Acceptable)				
WINT	TER PARK FL 32789				83						
					84	City			85 Zip C	Code	
			u					FĻ		:-4	
office or r	to the provisions of Sections 607. registered agent, or both, in the St am familiar with, and accept the ob-	tate of Florida Su	ch change was at	ithonzed	i by th	named corp ne corporation	oration submits this statement for the on's board of directors. I hereby accept	t the appoir	changing its ntment as req	gistered	
agent. I a	ini tanimai witi, and accept the oc	nigations of, cook	101 1,0000,100	iga otati	uics.						
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SIGNATURE	Signature, typed or printed name of registered	agent and title if applica	able. (NOTE:	Registered		signature required	d when reinstating)	DÂTE	D DIRECTO	PS IN 12	í
SIGNATURE	Signature, typed or printed name of registered OFFICERS		nble. (NOTE:	Registered	Agent s	signature required	d when reinstating)  ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12	100
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS	agent and title if applica	able. (NOTE:	Registered 13.	Agent s	signature required					100,777
SIGNATURE  12.  IITLE  NAME	Signature, typed or printed name of registered OFFICERS PSD MCKEEVER, EDWARD E.JR.	d agent and title if applica	abte. (NOTE:	13. 1.1 TII	Agent s  TLE  WE						(00,77) 7001
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS PSD MCKEEVER, EDWARD E.JR. 1400 W. FAIRBANKS AVENU	d agent and title if applica	abte. (NOTE:	13. 1.1 TIT 1.2 NA 1.3 ST	Agent s  TLE  AME  TREET AI	DORESS					70074 (44,000)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PSD MCKEEVER, EDWARD E.JR.	d agent and title if applica	abte. (NOTE:	13. 1.1 TIT 1.2 NA 1.3 ST	Agent s TLE WE TREET AI	DORESS					000000000000000000000000000000000000000
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME	OFFICERS PSD MCKEEVER, EDWARD E.JR. 1400 W. FAIRBANKS AVENU	d agent and title if applica	nbre. (NOTE:	Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA	Agent s TLE AME TREET AI TY-ST-2 TLE AME	DORESS			Change	Addition	1001010
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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 suppliemental 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: