

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K97598** (2)

1. Incorporating Name
KEEVAN ACCESS ROAD CORPORATION

| | | | |
|--|---------------------|--|---------------------|
| Principal Office or Business 209 DUVAL STREET KEY WEST FL 33040 | | Mailing Address 209 DUVAL STREET KEY WEST FL 33040 | |
| 2. Post Box Number or House No. 21 | | 28. Mailing Address 26 | |
| State, Apt. # etc. 22 | | Suite, Apt. # etc. 27 | |
| City & State 23 | | City & State 28 | |
| 24 | County 25 | Zip 29 | County 30 |
| 9. Name and Address of Current Registered Agent HALPERN, MICHAEL 209 DUVAL ST. KEY WEST FL 33040 | | | |

DIGITALLY SIGNATURE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Organized 06/23/1989 | 3a. Date of Last Report 04/18/1994 |
| 4. FEI Number 65-0104253 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | |
| 81. Name HALPERN, MICHAEL | |
| 82. Street Address (P.O. Box Number is Not Acceptable) 209 DUVAL ST. | |
| 83. | |
| 84. City FL | 85. Zip Code 33040 |

11. By signing, the provisions of Sections 707.0502 and 707.1508, 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 707.0505, Florida Statutes.

SIGNATURE:

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|---|
| OFFICER NAME STREET ADDRESS CITY, ST, ZIP | PDS HALPERN, MICHAEL 209 DUVAL STREET KEY WEST FL | 11. NAME 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER NAME STREET ADDRESS CITY, ST, ZIP | | 21. NAME 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER NAME STREET ADDRESS CITY, ST, ZIP | | 31. NAME 32. NAME 33. STREET ADDRESS 34. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER NAME STREET ADDRESS CITY, ST, ZIP | | 41. NAME 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER NAME STREET ADDRESS CITY, ST, ZIP | | 51. NAME 52. NAME 53. STREET ADDRESS 54. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER NAME STREET ADDRESS CITY, ST, ZIP | | 61. NAME 62. NAME 63. STREET ADDRESS 64. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I declare by oath that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in law that Chapter 117, 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 made under oath that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 117, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on attachment with an address.

SIGNATURE:

SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/95 305/296-5667

Entered 03/09/95

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