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**Jan 23 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # L29026 (6)

1. Corporation Name
KEENAN L. POOLE, C.P.A., P.A.



Principal Place of Business
**210 UNIVERSITY DR.
SUITE 806
CORAL SPRINGS FL 33071**

Mailing Address
**210 UNIVERSITY DR.
SUITE 806
CORAL SPRINGS FL 33071-7393**

3. Date incorporated or Qualified **11/13/1989** 3a. Date of Last Report **02/05/1996**

2. Principal Place of Business **21 7880 N. UNIVERSITY DRIVE** 2a. Mailing Address **26 7880 N. UNIVERSITY DRIVE**

4. FEI Number **65-0157083** Applied For Not Applicable

Suite, Apt. #, etc. **22 100** 27 **100**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State **23 TANARAC FL** 28 **TANARAC FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip **24 33321** Country **25 BROWARD** 29 **33321** 30 **BROWARD**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POOLE, KEENAN L.
210 UNIVERSITY DRIVE
SUITE 806
CORAL SPRINGS FL 33071**

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: _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **P**
NAME **POOLE, KEENAN L.**
STREET ADDRESS **210 UNIVERSITY DR. #806**
CITY-ST-ZIP **CORAL SPRINGS FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **7880 N. UNIVERSITY DR #100**
1.4 CITY-ST-ZIP **TANARAC FL 33321**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keenan L. Poole 1/9/97 (954) 726-3660

CR2E034 (9/96)