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 JUN 23 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M49061 (8)

1. Corporation Name
O'KEEFE SUPPLIES, INC.

Principal Place of Business	Mailing Address
1390 SO. DIXIE HWY #2109 CORAL GABLES FL 33146	1390 SO. DIXIE HWY #2109 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/25/1987
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business	2a. Mailing Address
21 1500 San Remo Avenue	26 1500 San Remo Avenue
Suite, Apt. #, etc. 22 Suite 210-Atrium Bldg.	Suite, Apt. #, etc. 27 Suite 210-Atrium Bldg.
City & State 23 Coral Gables, Florida	City & State 28 Coral Gables, Florida
Zip / Country 24 33146 / 25 USA	Zip / Country 29 33146 / 30 USA

4. FEI Number: 59-2809537 ☐ 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 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
GROSSMAN, MARK D. 1390 SO. DIXIE HWY #2109 CORAL GABLES FL 33146	81 Name: Grossman, Mark D. 82 Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Avenue 83: Suite 210-Atrium Building 84 City: Coral Gables, FL 85 Zip Code: 33146

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	11 TITLE	CPT ☒ Change ☐ Addition
NAME	LEKNES, DOUGLAS A.	12 NAME	Leknes, Douglas A.
STREET ADDRESS	1390 S DIXIE HWY 2109	13 STREET ADDRESS	1500 San Remo Avenue, Suite 210
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Coral Gables, Florida 33146
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

S00001584575
-06/27/95--01082--002
***1402.50 ****233.75

6/23/95 MSF

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Douglas Leknes - DOUGLAS LEKNES 6/14/95 305-441-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180601 CP