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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M65315 1. Corporation Name

KEITH'S BVM. INC.

## **FILED** Feb 12, 1999 8:00 am Secretary of State

02-12-1999 90011 044 \*\*\*150.00

| Principal Place  | e of Business  | Mailing Address  |  |  |  | F T THE SAME AND THE BURN DIVIDED CHARLES AND THE BURN   | i Bibit ŝtêti alati d            | limit MSB(t 144)                    |
|--|--|--|--|--|--|--|----------------------------------|-------------------------------------|
| P O BOX 807 2020 NORTH 49TH AVENUE HALLANDALE FL 33009   |  | P O BOX 807<br>2020 NORTH 49TH   | · ·  |  | DO NOT WRITE IN TH   | IS SPACE   |                                  |                                     |
| US   |  | US   |  |  |  | 3. Date Incorporated or Qualifed 01/21/1988  | -                                |                                     |
|  | face of Business   | 2a. Mailing Addres   | ss   |  |  | 4. FEI Number<br>65-0020301  | <u> </u>                         | plied For<br>t Applicable           |
| Suite, Apt.  | #, etc.  | 26  <br>Suite, Apt. #, e   | etc.   |  | - <del></del>  | 5. Certificate of Status Desired   | \$8.75 /<br>Fee Re               | Additional                          |
| City & Stat  | te   | City & State   |  |  |  | 6. Election Campaign Financing   | \$5.00                           | <del></del>                         |
| 23   | Country  | Zip  |  | ountry   |  | Trust Fund Contribution  8. This corporation owes the current year   | Added i                          | to Fees                             |
| Zip  | 25   | 29   | 30   | , ,  |  | Personal Property Tax.   | ☐ Yes                            | □No                                 |
|  | 9. Name and Address of Cu  | irrent Registered Agent  |  |  |  | 10. Name and Address of New Registere  | d Agent                          |                                     |
| LON  | don, Keith   |  |  | 81   | Name<br>Street Andr  | ress (P.O. Box Number is Not Acceptable)   |                                  | <u> </u>                            |
| 613 OLEANDER DRIVE<br>HALLANDALE FL 33009  |  |  |  |  | Sileet Addi  | ss (P.O. Box Number is Not Acceptable)   |                                  |                                     |
| 1 IAL  | ENIDALL IL GOODS   |  |  | 83   | City   |  | 85 Zip                           | Code                                |
| i .  |  |  |  |  | _  | F  | L                                |                                     |
|  | <del></del>  | 0502 and 507 1509 Florida  | - Ctatuta- the   | <del></del>  |  | poration submits this statement for the purpose  | of changing its                  | registered                          |
| office or r  | to the provisions of Sections 607<br>registered agent, or both, in the S<br>am familiar with, and accept the o   | State of Florida, Such change  | e was authorizi  | ed by I  | the corporation  | on's board of directors. I hereby accept the app   | ointment as re                   | gistered                            |
| office or r  | registered agent, or both, in the S<br>am familiar with, and accept the o  | State of Florida. Such change<br>bligations of, Section 607.05   | e was authonz<br>505, Florida Sta  | ed by tes.   | the corporation  | on's board of directors. I nereby accept the app   | oointment as re                  | gistered                            |
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14. 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, with all other like empowered.

SIGNATURE: