

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N22613 (6)  
1. Corporation Name  
KEOLUU, INC.



Principal Place of Business Mailing Address  
P O BOX 13883 P O BOX 13883  
P.O. BOX 13883 P.O. BOX 13883  
ST PETERSBURG FL 33733 ST PETERSBURG FL 33733

3. Date Incorporated or Qualified

09/22/1987

4. FEI Number

59-2853803

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, THOMAS O  
725-13TH AVE SOUTH  
ST. PETERSBURG FL 33701

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME MCCORD, KERRY M.  
STREET ADDRESS 8800 SUNSET WAY #521B  
CITY-ST-ZIP ST. PETERSBURG FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change

Addition

TITLE VCD  
NAME MCRAE, DONNA  
STREET ADDRESS 1320 CORAL WAY SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

DELETE

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

Change

Addition

TITLE SD  
NAME ATKINSON, STEPHANIE  
STREET ADDRESS 5848 7TH AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

DELETE

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

Change

Addition

TITLE TD  
NAME ALEXANDER, THOMAS  
STREET ADDRESS 725 13TH AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

DELETE

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

Change

Addition

TITLE D  
NAME CAMPBELL, CAROL  
STREET ADDRESS 3763-D POMPAO DR. S.E.  
CITY-ST-ZIP ST. PETERSBURG FL

DELETE

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

Change

Addition

TITLE D  
NAME LAMONS, JAYE  
STREET ADDRESS 4820 13TH AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

DELETE

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

Change

Addition

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Thomas O. Alexander*

May 12 1998

CR2E037 (10/97)