

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 17 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 # P92000004364 (5)

1. Corporation Name
KEPASE DEVELOPMENT COMPANY, INC.



Principal Place of Business Mailing Address
**12298 MATTERHORN DRIVE
AIRPORT WOODS INDUSTRIAL PARK
FT. MYERS FL 33902** **12298 MATTERHORN DRIVE
AIRPORT WOODS INDUSTRIAL PARK
FT. MYERS FL 33902**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1992	3a. Date of Last Report 03/15/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0379274	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GARRITY, PAUL G SR. 12298 MATTERHORN DR. AIRPORT WOODS INDUSTRIAL PARK FT. MYERS FL 33902				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRITY JR., PAUL G.			1.2 NAME	GARRITY JR., PAUL G		
STREET ADDRESS	36 TEMPLE COURT			1.3 STREET ADDRESS	10 SPINNAKER LANE		
CITY-ST-ZIP	NEW HAVEN CT 06510			1.4 CITY-ST-ZIP	ESSEX CT 06443		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRITY SR., PAUL G.			2.2 NAME			
STREET ADDRESS	3399 GULF SHORE BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33940			2.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRITY, SEAN R.			3.2 NAME	SEAN R GARRITY		
STREET ADDRESS	3 CLOVER LANE			3.3 STREET ADDRESS	40 NEPTUNE DRIVE		
CITY-ST-ZIP	MADISON CT 06443			3.4 CITY-ST-ZIP	MADISON CT 06443		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRITY, KEVIN S.			4.2 NAME			
STREET ADDRESS	72 WICKFORD PLACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MADISON CT 06443			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 my address.

SIGNATURE: **SIGNATURE REQUIRED** _____ DATE: _____ DAYTIME PHONE # _____

CR2E034 (9/96)