PROFIT CORPORATION ANNUAL REPORT 1997	FLORID	1 IS \$550.00 A DEPARTMENT OF STATE andra B. Mortham Secretary of State ON OF CORPORATIONS	May 09	ILED 1997 8: ary of S	
DOCUMENT # P930 1. Corporation Name KEATEN & ASSOCIATES, INC.	00009510	(7)			
Principal Place of Business 2832 LONGLEAF CT. KISSIMMEE FL	Mailing Address 2832 LONGLEAF KISSIMMEE FL 34	CT.	(14071284 179 19788 1947 8844 9857 88)	a dala anita mura dun hada	
			 Date Incorporated or Qualified 02/01/1993 	38. Date of Last Ro 08/22/1996	eport
2. Principal Place of Business 21	2a. Mailing Addr 26	ess	4. FEI Number 59-3166087		plied For t Applicable
Suite, Apt #, etc. 22	Suito, Apt. #,	θłC.	5. Certificate of Status Desired	□ \$8.75 / Fee Re	
City & State 23	City & State	<u> </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip Country 24 25	Zip 29	Country 30	8. This corporation has liability for		
9. Name and Address of C QUIGLEY, DONNA	Current Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent	
2832 LONGLEAF CT. KISSIMMEE FL		62 Street Ad	dress (P.O. Box Number is Not Accepta	ible)	
NISOIMMEE FL			······································		
		83			1
		84 Çity		FL 85 Zip (
 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE 	a State of Florida Such chan e obligations of, Section 607.	84 City da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes.	ation's board of directors. I hereby acce	purpose of changing it opt the appointment as	s registered
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE Signature, typed or printed name of regist 12. OFFICE	State of Florida Such chan obligations of, Section 607. ered agen: and tile if applicable RS AND DIRECTORS	84 City da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signature reg 13.	ation's board of directors. I hereby acce	PL purpose of changing it potre appointment as DATE ICERS AND DIRECTOR	s registered registered
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE Signature, tyred or printed name of regist 12. OFFICE1 TITLE D KEATEN, KIM	a State of Florida, Such chan a obligations of, Section 607. ered agent and tile if applicable	84 City da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signature reg 13.	ation's board of directors. I hereby acce	PL purpose of changing it opt the appointment as	s registered registered S IN 12
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE Signature, typed or printed name of regist 12. OFFICEI TITLE D NAME KEATEN, KIM STREET ADURESS 2846 LONGLEAF CT.	State of Florida Such chan obligations of, Section 607. ered agen: and tile if applicable RS AND DIRECTORS	84 Çity da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE: Registered Agent signeture reg 13. LETE 1.1 IffLe 1.2 NAME 1.3 STREET ADDRESS	ation's board of directors. I hereby acce	PL purpose of changing it potre appointment as DATE ICERS AND DIRECTOR	s registered registered S IN 12
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE Signature, typed or printed name of regist 12. OFFICEI 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	State of Florida Such chan obligations of, Section 607. ered agen: and tile if applicable RS AND DIRECTORS	84 Çity da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signeture reg 13. LETE 1.1 IffLe 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP LETE 2.1 IffLe	ation's board of directors. I hereby acce	PL purpose of changing it potre appointment as DATE ICERS AND DIRECTOR	s registered registered S IN 12
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE 12. OFFICEI TILE D NAME KEATEN, KIM STREET ADDRESS 2846 LONGLEAF CT. KISSIMMEE FL 34746 TILE D NAME KEATEN, MICHAEL STREET ADDRESS 2846 LONGLEAF CT.	a State of Florida Such chan obligations of, Section 607. ered agen: and title if applicable RS AND DIRECTORS	B4 City da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signeture reg 13. 1.1 HTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ation's board of directors. I hereby acce	PL purpose of changing it pot the appointment as DATE ICERS AND DIRECTOR	s registered registered S IN 12
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE Signature, typed or protect name of regist 12. OFFICEI 11111 D KEATEN, KIM STREET ADURESS 2846 LONGLEAF CT. CITY-S1-ZP KISSIMMEE FL 34746 TITLE D NAME KEATEN, MICHAEL SIREET ADDRESS 2846 LONGLEAF CT. CITY-S1-ZP KISSIMMEE FL 34748	a State of Florida Such chan e obligations of, Section 607. ered agent and the it applicable RS AND DIRECTORS	84 Çity da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signeture reg 13. LETE 1.1 MILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP LETE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ation's board of directors. I hereby acce	PL	s registered registered S IN 12
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE Signature, typed or printed name of regist 12. OFFICEI THE D KEATEN, KIM STREET ADDRESS CITY-S1-74P KISSIMMEE FL 34746 THE D NAME KEATEN, MICHAEL STREET ADDRESS 2846 LONGLEAF CT. KISSIMMEE FL 34746 THE D NAME KEATEN, MICHAEL STREET ADDRESS 2846 LONGLEAF CT. CITY-S1-74P KISSIMMEE FL 34746 THE D NAME QUIGLEY, DONNA	a State of Florida Such chan obligations of, Section 607. ered agen: and title if applicable RS AND DIRECTORS	84 Çity da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE: Registered Agent signature reg 13. ELETE 1.1 Intle 1.2 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZiP ELETE 2.1 Title 2.3 STREET ADDRESS 2.4 City-ST-ZiP	ation's board of directors. I hereby acce	PL purpose of changing it pot the appointment as DATE ICERS AND DIRECTOR	s registered registered S IN 12
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE SIGNATURE Signature, typed or punded name of regist 12. OFFICEI TILE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZP NAME SIREET ADDRESS SIREET ADDRESS CITY-S1-ZP NAME SIREET ADDRESS CITY-S1-ZP NAME SIREET ADDRESS CITY-S1-ZP KISSIMMEE FL 34746 TILE D QUIGLEY, DONNA STREET ADDRESS STREET ADDRESS	a State of Florida Such chan e obligations of, Section 607. ered agent and the it applicable RS AND DIRECTORS	84 City da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signeture reg 13. ELETE 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ELETE 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ation's board of directors. I hereby acce	PL	s registered registered S IN 12
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE Signature, sysed or purchaft name of registered agent, or both, in the signature, sysed or purchaft name of registered agent, while the signature system of the signature syste	a State of Florida Such chan e obligations of, Section 607. ered agent and the it applicable RS AND DIRECTORS	84 Çity da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signeture reg 13. LETE 1.1 IffLe 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP LETE 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP LETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ation's board of directors. I hereby acce	PL	s registered registered S IN 12
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE SIGNATURE 12. OFFICE/ TILL D NAME KEATEN, KIM STREET ADDRESS 2846 LONGLEAF CT. CITY-SI-ZP KISSIMMEE FL 34746 TILLE D NAME KEATEN, MICHAEL SIREET ADDRESS 2846 LONGLEAF CT. CITY-SI-ZP KISSIMMEE FL 34746 TILE D NAME QUIGLEY, DONNA STREET ADDRESS 2832 LONGLEAF CT. KISSIMMEE FL 34746 TILE D NAME STREET ADDRESS 2832 LONGLEAF CT. KISSIMMEE FL 34746	a State of Florida Such chan e obligations of, Section 607. ered agen: and the it applicable RS AND DIRECTORS	84 City da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signature res 13. ELETE 1.1 HTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ELETE 4.1 TITLE 4.2 NAME	ation's board of directors. I hereby acce	PL purpose of changing it purpose of changing it pot the appointment as DATE CERS AND DIRECTOR Change	s registered registered S IN 12 Addition
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE Signature, tyred or punted name of regist 12. OFFICEI Title D NAME KEATEN, KIM STREET ADDRESS 2846 LONGLEAF CT. CITY-ST-ZP KISSIMMEE FL 34746 Title D NAME KEATEN, MICHAEL STREET ADDRESS 2846 LONGLEAF CT. CITY-ST-ZP KISSIMMEE FL 34746 Title D NAME QUIGLEY, DONNA STREET ADDRESS 2832 LONGLEAF CT. CITY-ST-ZP KISSIMMEE FL 34746 Title D NAME STREET ADDRESS 2832 LONGLEAF CT. CITY-ST-ZP KISSIMMEE FL 34746	a State of Florida Such chan e obligations of, Section 607. ered ager: and title if applicable RS AND DIRECTORS	84 City Da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signeture res 13. LETE 1.1 HTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ELETE 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ELETE 3.1 STREET ADDRESS 2.4 CITY-ST-ZIP ELETE 3.1 STREET ADDRESS 2.4 CITY-ST-ZIP ELETE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ation's board of directors. I hereby acce	FL purpose of changing it as patter DATE ICERS AND DIRECTOR Change Change Change Change Change Change Change Change Change	s registered registered S IN 12 Addition
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE Isignature, syred or punted name of regist Provide the synthesis of the synthesynthesis of the syn	a State of Florida Such chan e obligations of, Section 607. ered ager: and title if applicable RS AND DIRECTORS	84 City da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signeture res 13. LETE 1.1 HTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ELETE 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ation's board of directors. I hereby acce	PL purpose of changing it purpose of changing it pot the appointment as DATE CERS AND DIRECTOR Change	s registered registered S IN 12 Addition
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE Signature, tysed or punted name of regist 12. OFFICED TITLE D NAME KEATEN, KIM STREET ADDRESS 2846 LONGLEAF CT. CITY-ST-ZP KISSIMMEE FL 34746 TITLE D NAME KEATEN, MICHAEL SIREET ADDRESS 2846 LONGLEAF CT. CITY-ST-ZP KISSIMMEE FL 34746 TITLE D NAME QUIGLEY, DONNA STREET ADDRESS 2832 LONGLEAF CT. KISSIMMEE FL 34746 TITLE D NAME STREET ADDRESS 2832 LONGLEAF CT. KISSIMMEE FL 34746 TITLE NAME STREET ADDRESS 2832 LONGLEAF CT. KISSIMMEE FL 34746	a State of Florida Such chan e obligations of, Section 607. ered ager: and title if applicable RS AND DIRECTORS	84 City Dia Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signeture reg 13. ILETE 1.1 HILE 1.2 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP ELETE 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ELETE 3.1 TITLE 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP ELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP ELETE 4.1 TITLE 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP ELETE 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.3 STREET ADDRESS	ation's board of directors. I hereby acce	FL purpose of changing it as patter DATE ICERS AND DIRECTOR Change Change Change Change Change Change Change Change Change	s registered registered S IN 12 Addition
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE Signature, sysed or printed name of regist 12. OFFICE/ TITLE D NAME KEATEN, KIM STREET ADDRESS 2846 LONGLEAF CT. CITY-SI-2P KISSIMMEE FL 34746 TITLE D NAME KEATEN, MICHAEL SIREET ADDRESS 2846 LONGLEAF CT. CITY-SI-2P KISSIMMEE FL 34746 TITLE D NAME QUIGLEY, DONNA STREET ADDRESS 2832 LONGLEAF CT. CITY-SI-2P KISSIMMEE FL 34746 TITLE NAME STREET ADDRESS 2832 LONGLEAF CT. CITY-SI-2P KISSIMMEE FL 34746	a State of Florida Such chan e obligations of, Section 607. ered ager: and title if applicable RS AND DIRECTORS	84 City Da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signeture reg 13. LETE 1.1 HTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ELETE 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP ELETE 5.1 STREET ADDRESS 4.4 CITY-ST-ZIP ELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ation's board of directors. I hereby acce	FL purpose of changing it as patter DATE ICERS AND DIRECTOR Change Change Change Change Change Change Change Change Change	s registered registered S IN 12 Addition
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE Signature, greed or punted name of regist 12. OFFICE/ TITLE D NAME KEATEN, KIM STREET ADDRESS 2846 LONGLEAF CT. CITY-ST-ZP KISSIMMEE FL 34746 TITLE D NAME KEATEN, MICHAEL STREET ADDRESS 2846 LONGLEAF CT. CITY-ST-ZP KISSIMMEE FL 34746 TITLE D NAME OUIGLEY, DONNA STREET ADDRESS 2832 LONGLEAF CT. CITY-ST-ZP KISSIMMEE FL 34746 TITLE D NAME STREET ADDRESS 2832 LONGLEAF CT. KISSIMMEE FL 34746	e State of Florida Such chan e obligations of, Section 607. ered agen: and title if applicable RS AND DIRECTORS	84 City Ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signature reg 13. I 1.1 ITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP ELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP ELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP ELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ELETE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ELETE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ELETE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ELETE 6.1 TITLE 6.2 NAME	ation's board of directors. I hereby acce	FL purpose of changing it purpose of changing it purpose of changing it DATE ICERS AND DIRECTOR Change Change Change Change Change Change Change Change Change Change	s registered registered S IN 12 Addition
office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE Signature, greed or puncted name of regist 12. OFFICE/ TITLE D NAME KEATEN, KIM STREET ADDRESS 2846 LONGLEAF CT. KISSIMMEE FL 34746 TITLE D NAME KEATEN, MICHAEL STREET ADDRESS 2846 LONGLEAF CT. KISSIMMEE FL 34746 TITLE D NAME CUIGLEY, DONNA STREET ADDRESS 2832 LONGLEAF CT. KISSIMMEE FL 34746 TITLE D NAME STREET ADDRESS 2832 LONGLEAF CT. KISSIMMEE FL 34746 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	e State of Florida Such chan e obligations of, Section 607. ered agen: and title if applicable RS AND DIRECTORS	84 City Da Statutes, the above-named co ge was authorized by the corpor 0505, Florida Statutes. (NOTE Registered Agent signeture reg 13. LETE 1.1 HTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ELETE 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP ELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP ELETE 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ELETE 6.1 TITLE	ation's board of directors. I hereby acce	FL purpose of changing it purpose of changing it purpose of changing it DATE ICERS AND DIRECTOR Change Change Change Change Change Change Change Change Change Change	s registered registered S IN 12 Addition