

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90176 040 \*\*\*150.00

uscc06 / 1

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000080646**

1. Corporation Name  
**OKEE ENTERPRISES, INC.**



Principal Place of Business  
**5946 OKEECHOBEE BLVD  
 W PALM BCH FL 33417  
 US**

Mailing Address  
**6111 LAVIDA TERRACE  
 BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**11/15/1993**

4. FEI Number  
**65-0447014** 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**VIERHEILIG, GLEN  
 6111 LAVIDA TERRACE  
 BOCA RATON FL 33433**

10. Name and Address of New Registered Agent  
 81 Name **MICHAEL F. WAGNER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **8590 WINDFALL DR**  
 84 City **BOYNTON BCH FL** 85 Zip Code **33437**

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 *[Signature]* DATE **1-19-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input checked="" type="checkbox"/>
NAME	VIERHEILIG, GLEN	
STREET ADDRESS	6111 LAVIDA TERR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	DP MICHAEL F. WAGNER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	8590 WINDFALL DR		
1.3 STREET ADDRESS	BOYNTON BCH FL 33437		
1.4 CITY-ST-ZIP			
2.1 TITLE	DP CHERYL WAGNER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	8590 WINDFALL DR		
2.3 STREET ADDRESS	BOYNTON BCH FL 33437		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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: *[Signature]* DATE **1-19-99** DAYTIME PHONE # **561 478 3657**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)