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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000022114 (0)

KEEFER VEROSKI ASSOCIATES, INC.

Principal Place of Business Mailing Address 520 N. SEMORAN BLVD. 520 N. SEMORAN BLVD. STE. 270 STE. 270 ORLANDO FL 32807 ORLANDO FL 32807-3331 3. Date Incorporated or Qualified 3a. Date of Last Report 03/19/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2714 HIDDEN COVE CT 2714 HIDDEN COVE CT 59-3234017 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be ORLANDO OKLANDO Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KEEFER, KIM S 2714 HIDDEN COVE COURT 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32822 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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** (NOTL Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELLIE Change Addition TITLE 1.1 Till E NAME Keefer. Kim S 1.2 NAME 2714 HIDDEN COVE COURT STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32822 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 2.1 TITLE VEROSKI, WILLIAM J NAME 2.2 NAME 330 RAINBOW DRIVE STREET ADDRESS 2.3 STREET ADDRESS LANCASTER FL 43130 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3'4. CITY - \$1 - 7IP DELFTÉ Change Addition TITLE 4.1 1/11/6 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITLE 5.1 111¢E 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME

14. I do hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.

6.3 STREET ADDRESS

CICNATURE.

STREET ADDRESS

ALLINA DE LINCOLI

H30107 4072751582

FILED

May 13 1997 8:00am

Secretary of State