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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JUL 30 PM 2: 28 P94000024605 (5) DOCUMENT # SECRETARY OF STATE ALLAHASSEE, FLORIDA KEENAN FAIRWAY GROUP, INC. Principal Place of Business Mailing Address 1500 N.W. 49TH ST. 1500 N.W. 49TH ST. Suite 500 SUITE 500 DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 3. Date Incorporated or Qualified 03/30/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0559998 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing  $\Box$ 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 25 Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOYLE, CONRAD J 500 E. BROWARD BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1950 LAUDERDALE FL 33394** 83 84 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or point diname of registered agent and otheid applicable CR2E034 (10/97) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 11 TOLE TITLE KEENAN, ROBERT D NAME 1.2 NAME **90**0002608**6**59--0108--023 1500 N.W. 49 ST., STE. 500 STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TIFLE 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DE LETE Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADORESS **6.3 STREET ADDRESS** 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 informatio indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect 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.

SIGNATURE