PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000024605

 Corporation Name KEENAN FAIRWAY GROUP INC

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Principal Place	e of Business	Mailing Address				1	- 1554 Ab to 1515 Held Bell Held .		. 31918 8011		.7
1500 N.W. 497H	+ ST.	1500 N.W. 49TH ST.				1					
SUITE 500 SUITE 500						1	DO NOT WRITE IN 1	nuie en	ACE		
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 3330				B			Date Incorporated or Qualifed	nio or	ACE		7
İ							03/30/1994				
		T.A. Marie M					FEI Number		TA	plied For	ł
-	lace of Business	2a. Mailing Address					65-0559998			ot Applicable	∮ , .
21		Suite, Apt. #, etc.				1				Additional	1 / /
Suite, Apt.	#, etc.	<u> </u>				5.	Certificate of Status Desired	. '		equired	1 . !
22 City & State		City & State		= =			Election Campaign Financing		\$5:00	Мау Во	
23	as a second	28					Trust Fund Contribution			to Fees	
Zlp	Country	Zip	Cour	ntry		-	This corporation owes the current year	r Intang	ible		1
24	25	<u> </u>	10	•			Personal Property Tax.		Yes	□No	j
	9. Name and Address of Current		7			10.	Name and Address of New Registe	red Ag	ent]
				81	Name)
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500 E. BROWARD BLVD.			82 Street Addre			154 (F.	.O. BOX Notinger is Not Acceptable)				j ·
	TE 1950		.]	83							1
FOR	IT LAUDERDALE FL 33394		1	1					85 Zip	Code	4
ţ				84	City			FLI	- I '		١,
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligat	and 607.1508, Florida Statutes	the at	bove	named corpor	ration	submits this statement for the purpos	e of chi	anging its	registered]
office or r	registered agent, or both, in the State of	of Florida, Such change was aut	horized	ibyti	ne corporation	n's bo	ard of directors. I hereby accept the a	ppointr	tent as re	distered] .
	in lamina with and accept the congar	1013 01, 0002011 001.0000, 1 101A	JE (JE)(C								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	degetered	Agent :	agnature required t	when re	instaling) DAT	Ē _			€
12.	OFFICERS AN								ロロロにかてだ	NDO IN 42	
			13.				ADDITIONS/CHANGES TO OFFICERS				12
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14. I 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 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:

AS DUDGOCOR

KESMA BOURDUSH SAOUP INCE

FILED Apr 01, 1999 8:00 am Secretary of State

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