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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # 1. Corporation Name | P94000027863 | (7) |
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|---------------------------------|--------------|-----|

| | MAS KEOGAN INC. | | ······································ | | | | |
|-------------------|--|--|--|---|--------------------------|---------------------------------------|---|
| Principal Place | of Business | Mailing Address | | | **** **** | ** 10201 ** | *** ***** **** **** |
| 1841 LYON | \$ RD. | 1841 LYONS RD. | | | | | |
| #305 COCONILIT | CREEK FL 33063 | #305 COCONUT CREEK I | ti 990e9 | | | | |
| COCONOT | ONEER PE SOOO | COCONOT CREEK I | . 33003 | 3. Date Incorporated or Qualified 04/08/1994 | 3a. Date of 06 | Last Re 3/14/19 | |
| 2. Principal Pla | ce of Business | 2a. Mailing Address 26 | | 4. FET Number 65-0485332 | | | Applied For Not Applicable |
| Suite, Apt. # | r, etc. | Suite, Apt. #, etc. | ** * | 5. Cert-ficate of Status Desired | | | Additional Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | | | May Be |
| Zip 14 | Country 25 | Zip 29 | Gountry 30 | 8. This corporation has liability for Florida Statutes | intangible tax t □ No | | |
| | 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New F | Registered Ag | ent | |
| 1841 L #305 | AN, THOMAS YONS RD. | | 81 Name 82 Street Add 83 Street Add | dress (P.O. Box Number is Not Acceptat | ole) | | |
| COCO | NUT CREEK FL 33063 | | 84 City | | FL | 85 Zıç | Code |
| or registere | ed agent, or both, in the State of Flor | ida. Such change was authoriz | ed by the corporation's boa | ard of directors. Thereby accept the app | ointment as re | gistered | agent. Lam |
| SIGNATURE _ | Signature, typed or printed name of registered ager | | if Registered Agent signature major | | DATÉ | | |
| SIGNATURE _ | Signature, typed or printed name of registered ager | it and blie it appropriate (N | TE: Registered April signature in time | | DATE | IRECTO | |
| SIGNATURE | Signature, typed or printed native of registered again OFFICERS AN D KEOGAN, THOMAS | nt and stient applicable (NO | Ter Registered Agend synalog, to a re- | edwien igretatisg | DATE | IRECTO | |
| SIGNATURE | OFFICERS AND KEOGAN, THOMAS 1841 LYONS RD., #305 | It and stie it agraciable (N/ ND DIRECTIONS DELETE | 13. | edwien igretatisg | DATE | IRECTO | |
| SIGNATURE | Signature, typed or printed native of registered again OFFICERS AN D KEOGAN, THOMAS | nt and site it agreecable (M ND DIRECTORS DELETE | 13. 1 3 HTLF 12 NAME 1 3 STREET ADDRESS 1 4 CITY-SI-ZP | edwien igretatisg | DAJÉ ICERS AND D | IRECTOI Change | RS IN 12 |
| SIGNATURE | OFFICERS AND KEOGAN, THOMAS 1841 LYONS RD., #305 | It and stie it agraciable (N/ ND DIRECTIONS DELETE | 113. 1 1 11/114 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-7/8P | edwien igretatisg | DAJÉ ICERS AND D | IRECTO | RS IN 12 |
| SIGNATURE | OFFICERS AND KEOGAN, THOMAS 1841 LYONS RD., #305 | nt and site it agreecable (M ND DIRECTORS DELETE | 113. 1 1 11/11E 1 2 NAME 1 3 STREET ADDRESS 1 4 CHY-SI-24P 2 1 11/1E 2 2 NAME | edwien igretatisg | DAJÉ ICERS AND D | IRECTOI Change | RS IN 12 |
| SIGNATURE | OFFICERS AND KEOGAN, THOMAS 1841 LYONS RD., #305 | nt and site it agreecable (M ND DIRECTORS DELETE | 113. 1 First Projection of April 1 signature for a fine 1 single 1 | edwien igretatisg | DAJÉ ICERS AND D | IRECTOI Change | RS IN 12 |
| SIGNATURE | OFFICERS AND KEOGAN, THOMAS 1841 LYONS RD., #305 | nt and site it agreecable (M ND DIRECTORS DELETE | 113. 1 1 11/11E 1 2 NAME 1 3 STREET ADDRESS 1 4 CHY-SI-24P 2 1 11/1E 2 2 NAME | edwien igretatisg | IME | IRECTOI Change | RS IN 12 |
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certify that the information indicates on this armost report is true and accorate and that thy signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trusted 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: STATUS OF STATUS OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #