

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90028 029 ***150.00

DOCUMENT # P94000045608

1. Corporation Name

KEENAN, POWERS & ANDREWS, P.A.

Principal Place of Business

16789 WEST ALAN BLACK BLVD.
LOXAHATCHEE FL 33470
US

Mailing Address

16789 WEST ALAN BLACK BLVD.
LOXAHATCHEE FL 33470
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1994

4. FEI Number

65-0583808

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

2. Principal Place of Business

2a. Mailing Address

21 13193 LA MIRADA CIRCLE
Suite, Apt. #, etc.

26 13193 LA MIRADA CIRCLE
Suite, Apt. #, etc.

22 City & State

27 City & State

23 WELLINGTON FL
Zip Country

28 WELLINGTON FL
Zip Country

24 33414 25

29 33414 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTILLO-GARCIA, LOURDES

220 SUNRISE AVE.
PALM BEACH FL 33480

12773 WEST FOREST
HILL BLVD
WELLINGTON FL
33414

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 12773 WEST FOREST HILL BLVD

84 City

WELLINGTON

FL

85 Zip Code

33414

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME POWERS, ARTHUR J
STREET ADDRESS 46 SOUTH PENATAQUIT AVE.
CITY-ST-ZIP BAY SHORE NY 11706

TITLE ST
NAME MARCHICA, EMILY
STREET ADDRESS 1658-85TH STREET
CITY-ST-ZIP BROOKLYN NY 11214

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

EMILY MARCHICA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99

Date

Daytime Phone #

CR2E034 (11/98)