


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000073920					
1. Corporation Name KEE, VILLA INC.					

Principal Place of Business 16501 INDIAN MOUND RD. TAMPA FL 33618	Mailing Address 16501 INDIAN MOUND RD. TAMPA FL 33618
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FILED
99 OCT -8 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 16821 INDIAN MOUND RD						2a. Mailing Address 26 16821 INDIAN MOUND RD						3. Date incorporated or Qualified 10/05/1994											
Suite, Apt. #, etc.						Suite, Apt. #, etc.						4. FEI Number 59-3300745											
22 City & State TAMPA FL						27 City & State TAMPA FL						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required											
23 Zip 33618						28 Country USA						6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees											
24 33618						25 USA						8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No											
9. Name and Address of Current Registered Agent KEE, BENJAMIN 16501 INDIAN MOUND RD. TAMPA FL 33618												10. Name and Address of New Registered Agent											
81 Name												82 Street Address (P.O. Box Number is Not Acceptable)											
83												84 City FL 85 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEE, BENJAMIN			1.2 NAME			
STREET ADDRESS	16501 INDIAN MOUND RD.			1.3 STREET ADDRESS			
CITY-STATE-ZIP	TAMPA FL 33618			1.4 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DORAZIO, LOTUS K			2.2 NAME			
STREET ADDRESS	16821 INDIAN MOUND RD.			2.3 STREET ADDRESS			
CITY-STATE-ZIP	TAMPA FL 33618			2.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-STATE-ZIP				3.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-STATE-ZIP				4.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-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.

SIGNATURE: *Lotus K. Eckstein*

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CR2E034 (5/99)