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

DOCUMENT # P95000013174

Principal Place of Business						
1000 DADK T	CDDACC	WEST				

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90062 016 ***150.00

1. Corporation	i Name						
MCKEEV	ER REPORTING, INC.			 	INDORENIA IONO IONO ONE ORINI CON INCIDENTA	OL IN ord iki li n ki a ni i	ELIN ENLINE
Principal Place	e of Business	Mailing Address			iilas ira iarai airi aarri aarri aarri aarri	#1 1199# thiệt Helt i	25:: 0:0: :55:
1662 PARK TERRACE, WEST ATLANTIC BEACH FL 32233 1662 PARK TERRACE, WEST ATLANTIC BEACH FL 32233			DO NOT WRITE IN TH	IIS SPACE			
				3 Date Inc.	corporated or Qualifed	IIO OFACE	
				02/15/	•		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Num		Api	plied For
21		26		59-330)1578	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcat	e of Status Desired	\$8.75 A Fee Re	
City & State City & State			6. Election Campaign Financing \$5.00 May Be				
23		28		Trust Fu	nd Contribution	Added to	o Fees
Zip	Country	Zip	Country		poration owes the current year		□No
24	25		30		l Property Tax. Ind Address of New Registers		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name a			
MCK	eever, elise f			clise Y	Marie terno	indcz	
	PARK TERRACE, WEST		82 Street	ddress (P.O. Box N	Number is Not Acceptable)	est	
	ANTIC BEACH FL 32233		83	JUN FOLI	1 Tellace 100	<u> </u>	
		,	84 City A	Hantic R	Beach F		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	ithorized by the corbo	orporation submits ation's board of dir	rectors. I hereby accept the app	oi changing its	gistered
SIGNATURE	GATING MARIA A	enando 1	Elise Ma Registered Agent signature r	rie Ferna	andez /a	28.95	7
12.	OFFICERS ANI		13.		NS/CHANGES TO OFFICERS		RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Fornande	2 Elisem.	Change	Addition
NAME	MCKEEVER, ELISE F 12 NAME		V.C.2 PAR	rk Terrace W			
STREET ADDRESS	1662 PARK TERRACE, WEST						_
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		1.4 CITY-ST-ZIP	Atlantic	Beach Florido		
TITLE		☐ DELETE	2.1 TITLE			Change	Addition]
NAME			2.2 NAME				ĺ
STREET ADORESS			2.3 STREET ADDRESS				1
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				- Addition
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				{
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		C perese	3.4. CITY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TITLE			Girange	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY- ST- ZIP 5.1 TITLE			☐ Change	Addition
		CJ 5555.5	5.2 NAME			_ •	_
NAME STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ OELETE	6.1 TITLE		·····	☐ Change	☐ Addition
NAME			6 2 NAME				
STREET ADORESS			6.3 STREET ADDRESS				1

6.4 CITY-ST-ZiP 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.

Fernandez 1-28-99