

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

FILED

Ar Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000018366 (1)
1. Corporation Name

McKean & McKean, Inc.

Principal Place of Business <u>11661 Labrador Lane Naples, FL 34114</u>	Mailing Address <u>P.O. Box 2564 Marco Island, FL 34146</u>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <u>03/07/1995</u>	3a. Date of Last Report <u>05/01/97</u>
4. FEI Number <u>65-0561744</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <u>Stacy L Hering 1369 Merrimac Marco Island, FL 34145</u>	
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10. Name and Address of New Registered Agent 81 Name <u>Barbara K McKean</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>11661 Labrador Lane</u> 83 84 City <u>Naples</u> FL 85 Zip Code <u>34114</u>	
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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 Barbara K McKean Barbara K McKean DATE 5-1-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<u>VP</u>
STREET ADDRESS	<u>Stacy Hering</u>
CITY-ST-ZIP	<u>1369 Merrimac</u>
	<u>Marco Island, FL 34145</u>
TITLE	<input type="checkbox"/> DELETE
NAME	<u>PRST</u>
STREET ADDRESS	<u>Kenneth A McKean</u>
CITY-ST-ZIP	<u>11661 Labrador Lane</u>
	<u>Naples, FL 34114</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: Kenneth A McKean Kenneth A McKean DATE 5-1-97 PHONE # 941-732-7911
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)