FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000081339 (0)**

1. Corporation Name
O'KEEFFE ENTERPRISES, INC. NAME CHANGED TO O'KEEFFE, P.A.

Principal Place of Business
C/O WILLIAM A. MAHER, CPA
2038 HENLEY PLACE
FORT MYERS FL 33901

Mailing Address
C/O WILLIAM A. MAHER, CPA
2038 HENLEY PLACE
FORT MYERS FL 33901

3. Date Incorporated or Qualified: 10/20/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1754 CAPE CORAL PKWY
22 Suite, Apt. #, etc.: # 107
23 City & State: CAPE CORAL, FL
24 Zip: 33904 25 Country: USA

2a. Mailing Address
26: 1754 CAPE CORAL PKWY
27 Suite, Apt. #, etc.: # 107
28 City & State: CAPE CORAL FL
29 Zip: 33904 30 Country: USA

4. FEI Number: 65-0622799 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STRAND, DEBORAH O
C/O WILLIAM A. MAHER, CPA
2038 HENLEY PLACE
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1754 CAPE CORAL PARKWAY # 107
83:
84 City: CAPE CORAL FL 85 Zip Code: 33904

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRAND, DEBORAH O 2038 HENLEY PLACE FORT MYERS FL 33901 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 1754 CAPE CORAL PARKWAY # 107 CAPE CORAL, FL 33904
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 500001789895 -04/23/96--01014--022 ***200.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Deborah O Strand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 APR 96 — Date

(941) 945-3840 — Daytime Phone #