

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 # P95000086116 (7)

1. Corporation Name

OUR TRIBE, INC.



Principal Place of Business

2640 HOLLYWOOD BLVD.
SUITE 201
HOLLYWOOD FL 33020

Mailing Address

2640 HOLLYWOOD BLVD.
SUITE 201
HOLLYWOOD FL 33020

2. Principal Place of Business

21 200 E. Las Olas Blvd.

Suite, Apt. #, etc.

22 1800

City & State

23 Ft. Laud., FL

24 33301

Country

25 USA

2a. Mailing Address

26 200 E. Las Olas Blvd.

Suite, Apt. #, etc.

27 1800

City & State

28 Ft. Laud., FL

29 33301

Country

30 USA

3. Date Incorporated or Qualified

11/09/1995

3a. Date of Last Report

4. FEI Number

☒ 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

CLARKSON, JUNE K
2640 HOLLYWOOD BLVD.
SUITE 201
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name Kenneth E. Keechl, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
200 E. Las Olas Blvd.

83 Suite 1800

84 City Ft. Laud., FL

FL

85 Zip Code 33301

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

Kenneth E. Keechl
Signature, typed or printed name of registered agent, and date of appointment

NOTE: For printed Agent, signature required when re-appointing

DATE

5-28-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME CLARKSON, JUNE M
STREET ADDRESS 2640 HOLLYWOOD BLVD. #201
CITY-ST-ZIP HOLLYWOOD FL 33020 ☒ DELETE

TITLE D
NAME KEECHL, KENNETH E
STREET ADDRESS 2024 N.E. 30TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Keechl, Kenneth E.
2.3 STREET ADDRESS 200 E. Las Olas Blvd. Suite 1800
2.4 CITY-ST-ZIP Ft. Laud., FL 33301

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

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

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

6.1 TITLE ☐ Change ☐ 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 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:

Kenneth E. Keechl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-96

954-522-2200

CR2E034 (12/95)