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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000041440 (4)

1. Corporation Name
KEELY CORPORATION

Principal Place of Business
1345 N.W. 167TH AVENUE
PEMBROKE PINES FL 33028

Mailing Address
1345 N.W. 167TH AVENUE
PEMBROKE PINES FL 33028-1808



2. Principal Place of Business
21 296 NW 172 AVE
Suite, Apt #, etc.

2a. Mailing Address
26 same as above
Suite, Apt #, etc.

22 City & State
23 PEMBROKE PINES, FL
24 Zip 33029
25 Country

27 City & State
28
29 Zip
30 Country

3. Date Incorporated or Qualified
05/09/1996
3a. Date of Last Report
4. FEI Number
65-0697456
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

LUBIN, SETH D ESQ
6917 COLLINS AVENUE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|--------|
| TITLE | D | DELETE |
| NAME | LUBIN, JACK | |
| STREET ADDRESS | 1345 N.W. 167TH AVENUE | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33028 | |
| TITLE | D | DELETE |
| NAME | FREEDMAN, GEORGE | |
| STREET ADDRESS | 1345 N.W. 167TH AVENUE | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33028 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|---------------------|-------------------------|--------|----------|
| 1.1 TITLE | D | Change | Addition |
| 1.2 NAME | LUBIN, RUTH | | |
| 1.3 STREET ADDRESS | 1345 NW 167 AV | | |
| 1.4 CITY - ST - ZIP | PEMBROKE PINES FL 33028 | | |
| 2.1 TITLE | D | Change | Addition |
| 2.2 NAME | FREEDMAN, ROSE | | |
| 2.3 STREET ADDRESS | 1345 NW 167 AV | | |
| 2.4 CITY - ST - ZIP | PEMBROKE PINES FL 33028 | | |
| 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 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: *Ruth Lubin* RUTH LUBIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 954 450-2984
Date Daytime Phone

CR2E034 (9/96)