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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000100510 (2)

## FILED Apr 23 1997 8:00am Secretary of State

T. Corporation Name  KEEVA, INC. INTERNATIONAL  Principal Place of Business  Mailing Address  1620 MAIN STREET. SUITE 6 SARASOTA FL 34236  SARASOTA FL 34236  SARASOTA FL 34236-5824												
								3. Date incorporated or Qualifie 12/12/1996		Date of Le	ast Re	port
2. Principal Place of Business			·	2a. Mailing Address				4. FEI Number 65-0732260	<u> </u>		<del>-4</del>	olied For
Suite, Apt #	f etc		26	Suite, Apt. #, etc.				03-07 38400		60		Applicable  dditional
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City & State				City & State				6. Election Campaign Financing		\$5	.00	May Be
23		Carata	28	7:-	T 0+			Trust Fund Contribution	[_]		~~~	Fees
Zip 24	25	Country	29	?ip	30	untry		This corporation has liability f     Florida Statutes	or intangit X Yes	ole tax und	der s.	199.032,
4		d Address of C		red Agent	1901	T		10. Name and Address of New				
COOL	K, JOHN F E	SQ.				B1	Name			<del></del>		
	SOUTH ORAI					82	Street Add	lress (P.O. Box Number is Not Accep	table)			<del>,</del>
SARA	isota FL 34	236				-		· · · · · · · · · · · · · · · · · · ·				
						83						
						84	City		F	85	Zip C	ode
III. Fursuam u	o mo provision					haia r	nomad car				11 IU 11 0	
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SIGNATURE.		onnied name of register		appicable (N		d Agent		poration submits this statement for the tition's board of directors. I hereby according to the tition's board of directors. I hereby according to the tition's ADDITIONS/CHANGES TO OF	DATE			
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14. I do horeby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 officer of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1 4/15/97

Daytime Phone # 0008626