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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P97000033586

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90007 044 \*\*\*150.00

1. Corporation MCKEEN	IAN CONSULTING AND RE					
Principal Place of Business Mailing Address						
7771 CEDAR HURST CT 7771 CEDAR HURST CT LAKE WORTH FL 33462 LAKE WORTH FL 33462						
One nomine grows						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
				u		04/11/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number   Applied For   Applied For   Applied For   Not Applicable
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.			•			_APPLIED-FOR-65 0756083   Not Applicable   \$8.75 Additional
						5. Certificate of Status Desired Fee Required
27   City & State   City & State			-	1.00		6. Election Campaign Financing S5.00 May Be
23 28						Trust Fund Contribution Added to Fees
Zip Country		Zip Cour		ntry		8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax.  Yes No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
	EEMAN, JOHN C				Street Add	ress (P.O. Box Number is Not Acceptable)
	CEDAR HURST COURT					
LAKE	WORTH FL 33467			83		
	•		84 City		City	FL 85 Zip Code
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 regist 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						on's board of directors. Thereby accept the appointment as registered
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			. Change Addition
NAME	MCKEEMAN, JOHN C		1.2 N/	ME	-	
STREET ADDRESS	7771 CEDAR HURST CT		1.3 STREET		ADDRESS	j
CITY-ST-ZIP	LAKE WORTH FL 33462			TY-ST-	-ZIP	
TITLE	S	☐ DELETE	2,1 TT	ΠE		☐ Change ☐ Addition
NAME	MCKEEMAN, DONNA L		2.2 N	ME		
STREET ADDRESS	7771 CEDAR HURST COURT 23		2.3 \$1	REET	ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467		2.4C	TY-ST	T-ZIP	
TITLE		☐ DELETÉ	3.1 TT	TLE		☐ Change ☐ Addition
NAME			3.2 NAME		ļ	
STREET ADDRESS			3.3 \$1	REET	ADDRESS .	
CITY-ST-ZIP		——————————————————————————————————————	_	TY-ST	r-ZIP	☐ Change ☐ Addition
TITLE	· ·	☐ DELETE	4.1 TT			Change Chounter
NAME			4. 2 N			
STREET ADDRESS			4.3 STREE		1	
CITY-ST-ZIP		Fil priette	_	TY-ST	-ZIP	Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		1	
NAME				5.3 STREET ADDRESS		
STREET ADDRESS	NESS .			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	5.4 CI		~2IF	☐ Change ☐ Addition
TITLE	4		6.2 NAME			
NAME CTREET ADDRESS					ADDRESS	
STREET ADDRESS				6.4 CITY-ST-ZIP		•
CITY-ST-ZIP			J V.			

14. I 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHATUPE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 50 Daytime Phone #

7085