Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90130 024 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000036688

1. Corporation Name

DANIEL J. O'KEEFE, C.P.A., P.A.

Principal Place of Business		Mailing Address					
1870 ALOMA AVE		1870 ALOMA AVE					
SUITE 120		SUITE 120		DO MOT MOTE IN THE	00405		
WINTER PARK FL 32789		WINTER PARK FL 32789			DO NOT WRITE IN THIS SPACE		
us us					3. Date Incorporated or Qualifed		
					04/23/1997		
Principal Place of Business     Address     Address		<b>⊢</b> •			4. FEI Number	\ <del></del>	oplied For
21		26		59-3440288		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
22		27			<del></del>		
City & State		City & State		6. Election Campaign Financing		May.Be ~	
23		28		Trust Fund Contribution		to Fees	
Zip Country Zip		_ ·	8. This corporation owes the current ye			344.	
24 25 29 30		0		Personal Property Tax.	☐ Yes	No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
OIL OIL	TEE DANIEL LODA		81	Name			
O'KEEFE, DANIEL J C.P.A.			82	Street A	iddress (P.O. Box Number is Not Acceptable)		
2651 COCHISE TRAIL							
SUITE 500		83					
WIN1	ter park fl 32789		84	City		85 Zip	Code
1			04	City	FŁ	103   2.12	5505
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	-named c	corporation submits this statement for the purpose of	changing its	registered
office or r	registered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was aut	horized by	the comor	ration's board of directors. I hereby accept the appoir	itment as re	egisterea
	III lattillar with, and accept the obliga-	ioria di, dedicii dor.oddo, riciid	a Cialatos				
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NOTE: R	legistered Agen	1 signature rec	quired when reinstating) DATE		
12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		<del></del>	☐ Change	☐ Addition
NAME	O'KEEFE, DANIEL J		1.2 NAME	- (			
	STREET ADDRESS 2651 COCHISE TRAIL		1.3 STREET	ADDRESS	•		
C/TY-ST-ZIP			1,4 CITY-S	r-ZIP			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME	·			
STREET ADDRESS			2.3 STREET	ADDRESS			ı
)	1,000,000		2. 4 CITY-S				
		3.1 TITLE	1.21		Change	Addition	
ነ		_ 5222,2	3.2 NAME	}		_ ,	
NAME			1				
STALL ADDITION		3.3 STREET				'	
CITY-ST-ZIP		[] priett	3.4. CITY-S	T-ZIP		☐ Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE	Ì		□ onange	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	- 1			
CITY-ST-ZIP			4.4 CITY-S	Γ-ZIP			☐ Audus -
TITLE	The state of the s		5.1 TITLE	)		☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	1 .			ļ			
	]		5.3 STREET	1			i
CITY-ST-ZIP			5.4 CITY-S	1			
CITY-ST-ZIP TITLE		☐ DELETE		1		☐ Change	☐ Addition
<del></del>		☐ DELETE	5.4 CITY-S	1		☐ Change	Addition

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.

64 CITY-ST-ZIP

SIGNATURE: