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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stale \*

1998 DIVISION OF CORPORATIONS DOCUMENT #

UPKEIL, INC.

P97000062070 (2)

Principal Place of Business

Mailing Address

4365 OKEECHOBEE BLVD STE B-10

4365 OKEECHOBEE BLVD STE B-10

## FILED May 19 1998 8:00am Secretary of State



WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/16/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 6758N. Mulitary Trail 0758850 4758N.Mulitary Trav Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 301 Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 KEIL. KLAUS 4365 OKEECHOBEE BLVD STE B-10 82 P.O. Box Number is Not Acceptable)

). MUU/AII TRUU **WEST PALM BEACH FL 33409** 83 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. Thereby 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 11 100 E TITLE KEIL, KLAUS NAME 1.2 NAME 6758 N. Military Til., Ste. 301 4365 OKEECHOBEE BLVD STE B-10 STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33409 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 C(TY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change \_\_\_ Addition TITLE 6.1 TiTLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CiTY-ST-ZIP

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 changed, or on an attachment with augusticless.