

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

Am

FILED

Sep 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000076305 (6)  
1. Corporation Name  
KEPE INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: P O BOX 23754 FT LAUDERDALE FL 33307  
Mailing Address: P O BOX 23754 FT LAUDERDALE FL 33307

3. Date Incorporated or Qualified: 09/02/1997  
4. FEI Number: 65-0778994  
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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24  
2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip Country  
29  
30

9. Name and Address of Current Registered Agent  
ELVIN, PETER J  
1519 BAYVIEW DRIVE  
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent  
B1 Name: SUE CAROL ELVIN  
B2 Street Address (P.O. Box Number is Not Acceptable): 1519 BAYVIEW DRIVE  
B3  
B4 City: Fort Lauderdale FL 85 Zip Code: 33304

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 and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Sue Carol Elvin* DATE: 9/10/98

12. OFFICERS AND DIRECTORS	
TITLE: <input checked="" type="checkbox"/> PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME: PETER ELVIN	
STREET ADDRESS: 1519 BAYVIEW DRIVE	
CITY-ST-ZIP: FT LAUDERDALE FL 33304	
TITLE: <input type="checkbox"/>	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/>	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/>	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: PETER ELVIN	
1.3 STREET ADDRESS: 1519 BAYVIEW DRIVE	
1.4 CITY-ST-ZIP: FT LAUDERDALE FL 33304	
2.1 TITLE: PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: SUE CAROL ELVIN	
2.3 STREET ADDRESS: 1519 BAYVIEW DRIVE	
2.4 CITY-ST-ZIP: FT LAUDERDALE FL 33304	
3.1 TITLE: VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: KEN PETERSEN	
3.3 STREET ADDRESS: NO 3 TAMAN UTHANT SATU 3-1-4	
3.4 CITY-ST-ZIP: MALAYSIA	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: 600002646736	
5.3 STREET ADDRESS: -09/23/98-01015-011	
5.4 CITY-ST-ZIP: ***61.25	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 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 an address.

SIGNATURE: *Sue Carol Elvin*

CR2E034 (10/97)

12/19/98