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FILED
Jun 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 # **P97000085436 (8)**

1. Corporation Name
KEALEN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7322 S.E. JAMESTOWN TERRACE HOBE SOUND FL 33455	P.O. BOX 1224 HOBE SOUND FL 33475

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7322 S.E. JAMESTOWN
Suite, Apt. #, etc
22
City & State
23 HOBE SOUND, FL.
Zip 24 33455 Country 25 MARTIN

2a. Mailing Address
26 P.O. BOX 1224
Suite, Apt. #, etc
27
City & State
28 HOBE SOUND FL
Zip 29 33475 Country 30 MARTIN

3. Date Incorporated or Qualified
10/02/1997

4. FEI Number
#65-0793979
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ NO **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ NO **$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

9. Name and Address of Current Registered Agent
KEALEN, MARGARET S
7322 S.E. JAMESTOWN TERRACE
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent
81 Name MARGARET S. KEALEN
82 Street Address (P.O. Box Number is Not Acceptable) 7322 S.E. JAMESTOWN TERRACE
83
84 City HOBE SOUND FL 85 Zip Code 33455

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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE	PSTD	☐ Change ☑ Addition
NAME	KEALEN, MARGARET S		1.2 NAME	KEALEN, MARGARET S.	
STREET ADDRESS	P.O. BOX 1224		1.3 STREET ADDRESS	7322 S.E. JAMESTOWN TERRACE	
CITY-ST-ZIP	HOBE SOUND FL 33475		1.4 CITY-ST-ZIP	HOBE SOUND, FL. 33455	
TITLE	VD	☐ DELETE	2.1 TITLE	V.P. - DIRECTOR VD	☑ Change ☐ Addition
NAME	KEALEN, CHRISTOPHER S J		2.2 NAME	KEALEN, CHRISTOPHER J. CORRECTION	
STREET ADDRESS	P.O. BOX 1224		2.3 STREET ADDRESS	P.O. BOX 1224	
CITY-ST-ZIP	HOBE SOUND FL 34475		2.4 CITY-ST-ZIP	HOBE SOUND, FL. 33475 N/A	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	300000250795--3	
STREET ADDRESS			6.3 STREET ADDRESS	-06/22/98--01052--031	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

5/31/98

CR2E034 (10/97)

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: Margaret S Kealen April 15 '98 (561) 546-8914