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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90178 038 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085436

1. Corporation Name

KEALEN ENTERPRISES, INC.

Principal Place of Business

7322 S.E. JAMESTOWN TERRACE
HOBE SOUND FL 33455

Mailing Address

P.O. BOX 1224
HOBE SOUND FL 33475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1997

4. FEI Number

65-0793979

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 705 LORI DRIVE

Suite, Apt. #, etc.

22 #16-202

City & State

23 PALM SPRINGS, FL.

Zip

24 33461

Country

25 U.S.A.

2a. Mailing Address

26 P.O. BOX 20066

Suite, Apt. #, etc.

27

City & State

28 WEST PALM BCH, FL.

Zip

29 33416-0066

Country

30 U.S.A.

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)

705 LORI DRIVE, #16-202

83

84 City PALM SPRINGS

FL

85 Zip Code

33461

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: Margaret S. Kealen MARGARET S. KEALEN APRIL 26, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME KEALEN, MARGARET S
STREET ADDRESS 7322 S.E. JAMESTOWN TERRACE
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ DELETE

TITLE VP
NAME KEALEN, CHRISTOPHER S J
STREET ADDRESS P.O. BOX 1224 (N/A)
CITY-ST-ZIP HOBE SOUND FL 34475 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME KEALEN, MARGARET S.
1.3 STREET ADDRESS 705 LORI DRIVE, #16-202
1.4 CITY-ST-ZIP PALM SPRINGS, FL. 33461 ☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME KEALEN, CHRISTOPHER J.
2.3 STREET ADDRESS 4402 COUNTRY GROVE BLVD.
2.4 CITY-ST-ZIP WEST PALM BEACH, FL. 33406 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret S. Kealen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 1999

Date

Daytime Phone #

(561) 968-7040

CR2E034 (11/98)