

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085436

1. Entity Name

KEALEN ENTERPRISES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90259 040 ***150.00

Principal Place of Business

705 LORI DR
 #16-202
 PALM SPGS FL 33461

Mailing Address

P.O. BOX 20066
 WPB FL 33416-0066

2. Principal Place of Business

2600 S. KANNER Hwy.

3. Mailing Address

P.O. BOX 2447

Suite, Apt. #, etc.

K-9

Suite, Apt. #, etc.

City & State

STUART, FLORIDA

City & State

PALM CITY, FLA.

Zip

34994

Country

U.S.A.

Zip

34991-7447

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEALEN, MARGARET S
 705 LORI DR., #16-202
 PALM SPGS FL 33461

Name

MARGARET S. KEALEN

Street Address (P.O. Box Number is Not Acceptable)

2600 S. KANNER Hwy.

K-9

City

STUART

FL

Zip Code

34994

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

MARGARET S. KEALEN

April 28, 2000

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
 NAME KEALEN, MARGARET S
 STREET ADDRESS 705 LORI DR., #16-202
 CITY-ST-ZIP PALM SPGS FL 33461

TITLE PSTD
 NAME KEALEN, MARGARET S.
 STREET ADDRESS 1621 GLEN RD.
 CITY-ST-ZIP WEST PALM BEACH, FL. 33406

TITLE VP
 NAME KEALEN, CHRISTOPHER S J
 STREET ADDRESS 4402 COUNTRY GROVE BLVD.
 CITY-ST-ZIP WPB FL 33406

TITLE VP - TREAS.
 NAME KEALEN, CHRISTOPHER S.
 STREET ADDRESS 4402 COUNTRY GROVE BLVD. (NO 5)
 CITY-ST-ZIP WEST PALM BEACH FL. 33406 (MIDDLE INITIAL)

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SECT.
 NAME JENNIFER KEALEN
 STREET ADDRESS 4402 COUNTRY GROVE BLVD.
 CITY-ST-ZIP WEST PALM BEACH, FL. 33406

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARGARET S. KEALEN

April 28, 2000

Date

Daytime Phone #

283-9604

CR2E034 (9/99)