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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P97000100230 (6)

KEOWEN, INC.

FILED Apr 20 1998 8:00am Secretary of State



					<u> </u>	PRUM REAL MENTAL AND REAL MENTAL AND A
Principal Place of Business Mailing Address						96/11 98/14 (1946 (11/1 26/1 189)
9801 E BAY HARBOR DR. 3-E 9801 E BAY HARBOR DR. 3						
BAY HARBOR ISLANDS FL 33154		BAY HARBOR ISLAN	BAY HARBOR ISLANDS FL 33154		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	is or not
					11/20/1997	ì
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
├ ┐ `		26	26		65-0799131	Not Applicable
		Suite, Apt. #, etc.	3, Apt. #, etc.			\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
 '		City & State	ity & State		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	· — ·			8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	¥Yes ∐ No
	9. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New Register	ed Agent
KEOWEN, SANDRA				Name		
	OI E BAY HARBOR DR, 3-E		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
BAY HARBOR ISLANDS FL 33154						
			83			
			84	City		85 Zip Code
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 4-10-98						
12.	Signature, typed or printed name of registered as	pent and title if applicable. ND DIRECTORS	(NOTL: Registered Age	nt signature requi	red when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE	1	NOOTHOUGH TO CIT TOURS	Change Addition
NAME	KEOWEN, SANDRA		1.2 NAME	•		
STREET ADDRESS	9801 E BAY HARBOR DR, 3	.F	1.3 STREET	ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLANDS FL		1.4 CITY-SI	ì		r I
TITLE		☐ DELETE	2.1 TITLE	-		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY - S	T-ZIP	.•	
TITLE	DELETE		3.1 TITLE		7.1	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP	ZIP		3.4. CITY - S	T-ZIP		i
TITLE	DELETE 4.1		4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S]	- 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			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP	-		6.4 CITY - ST	- ZIP		
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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 altachment with an address.

Sandra Kenwen