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

PROFIT CORPORATION ANNUAL REPORT

1998

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

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NAME



FLORIDA DEPARTMENT OF STATE

FILED

Mar 27 1998 8:00am

Secretary of State

Change

Change

Addition

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101301 (4)

KEITH & BALLBE' INVESTMENTS, INC.

Mailing Address Principal Place of Business 1700 NORTHWEST 64TH STREET 1700 NORTHWEST 64TH STREET SUITE 300 SUITE 300 DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 3. Date Incorporated or Qualified 11/25/1997 2. Principal Place of Business 2a, Mailing Address Applied For 4. FEI Number 65-0808445 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes 25 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BALLBE, CARLOS 1700 NORTHWEST 64TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 300** 83 FORT LAUDERDALE FL 33309 84 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** Signature, typed or printed name of registered agent and fitte if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PRESIDENT DIRECTOR
TOWATHAN WAYNE (CEITH
USO CAMELLIA CT OFFICERS AND DIRECTORS 13. 12. DELETE Addition TITLE 1.1 TITLE 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS ANTATION, PL. CITY-ST-ZIP 1.4 CITY-ST-ZIP VITTO CAPLOS JOSE BALLOR 4200 NE ISA ALENOE X Addition DELETE 2.1 TITLE Change TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CIMLLAND PARIL, PL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME

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 informat 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 a officer or director of the corporation or the receiver of business report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attact their with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

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