PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90020 015 ***600.00

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KEANE DESIGN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
200 ST. ANDREWS BLVD APT. #1308 WINTER PARK FL 32792	200 ST. ANDREWS BLVD., APT. #1308 WINTER PARK FL 32792

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City & State Zip Country Added 8. This corporation owes the current year intangible personal Property Tax. Yes 9. Name and Address of Current Registered Agent KEANE, MONICA 200 ST. ANDREWS BLVD., APT. #1308 WINTER PARK FL 32792 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the approximant as a authorized by the composition authoris this statement for the purpose of changing in office or registered agent, or both, in the State of Floods, Such change was authorized by the opportunity board of directors. I hereby accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS SIGNATURE 12. OFFICERS AND DIRECTORS 13. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. LITTLE 15. TITLE 16. Change WINTER PARK FL 32792 16. TITLE 16. Change WINTER PARK FL 32792 17. EARLY AND AREAS STATE 18. STREET ADDRESS CITY-51:2P 19. STATE 10. DELETE 21. TITLE 22. NAME 33. STREET ADDRESS CITY-51:2P 10. DELETE 31. TITLE 33. STREET ADDRESS CITY-51:2P 10. DELETE 31. TITLE 34. CITY-51:2P 10. DELETE 35. TITLE 35. TITLE 35. CITY-51:2P 10. DELETE 35. TITLE 35. STREET ADDRESS CITY-51:2P 10. Change C	Additional Required
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11. Pursuant to the provisions of Sections 507.0502 and 507.1508, Floridal Statutes, the above-named corporation submits his statement for the purpose of changing it office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the unpositionant as a significant and familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE Signature, typed or pretent runne of implianted agent and title if activation (NOTE Registered Agent agenture required when renetating) EATE	
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/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 807. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR