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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State FILED 1999 DIVISION OF CORPORATIONS 99 SEP 27 AM 9: 53 **DOCUMENT#** P98000033436 orporation Name KEH INVESTMENT, INC. SEGRETALY OF STATE TALLAHASSEE, FLORIDA 5/17/9990056033 \$50.00 Principal Place of Business Mailing Address 1105 S MILITARYTRAIL 1105 S MILITARY TRAIL DEERFIELD BEACH FL33442 DEERFIELD BEACH FL 33442 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 4/13/98 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 1117 S MILITARY TRAIL 1117 SMILITARY TRAIL 65-0826623 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be DEERFIELD BEACH DEERFIELD 28 **Trust Fund Contribution** XEACH 23 Added to Fees Country Country 8. This corporation owes the current year Intangible 33442 30 BROWARN 3344) 25 BROWARS K No 29 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KAZI A HAQ Address (P.O. Box Number is Not Acceptable) AMERI LAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 83 CHY DEERFIELD 85 Zip Code 33442 BEACH 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. KAZI A. HAQ 4/22/99 DATE SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE PSTD Change TITLE 11 TITLE ☐ Addition 1.2 NAME HAQ KAZI A. NAME CR2E034 1117 SMILITARY TRAIL 1.3 STREET ADORESS STREET ADDRESS DEERFIELD BEACH FL CITY-ST-ZIP 1.4 CITY-ST-20F DELETE ☐ Change Addition 21 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

NAME

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DELETE

DELETE

HAQ KAZIA. PROSIDENT 04-30-99 954-5684443

Daytime Phone #

Change

Change

Addition

Addition