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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000070391

1. Corporation Name

S.K. KEFFER, INC.

## Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90024 030 \*\*\*150.00



		Ad-Street Address of			}	1 1	
Principal Place	e of Business	Mailing Address					
15600 S.W. 288TH ST. STE 310 HOMESTEAD FL 33033		15600 S.W. 288TH ST. STE 310 HOMESTEAD FL 33033			. DO NOT WOLF IN THE	0.004.05	
					DO NOT WRITE IN THI	S SPACE	<del>-</del>
					3. Date Incorporated or Qualifed		
		la Mailine Address			08/10/1998 4. FEI Number		Applied For
2. Principal Pl	lace of Business	2a. Mailing Address			X65-0858401	·	<del></del>
21		26			163-0030101		Not Applicable
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional Required
22		27				<del></del>	<u> </u>
City.& State		City & State					
23	Country	Zip Co	ountry				d to rees
Zip	Country	<u> </u>	Juliury		This corporation owes the current year I Personal Property Tax.	Yes	□No
24	25	29 30			10. Name and Address of New Registere		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Address	- Agoin	
GUE	ST, JAMES M						
	0 S.W. 288TH ST, STE 310		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
HOMESTEAD FL 33033			83			_	
TIOW	ILOTEAD I E 30000		83				
			84	City	F	85 Zi	p Code
11 Purcuant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statutes, the	above	-named corp	oration submits this statement for the purpose	f changing	its registered
office or re	egistered agent, or both, in the State of manifer with, and accept the obligat	of Florida. Such change was authoriz	ed by 1	the corporation	on's board of directors. I hereby accept the app	ointment as	registered
SIGNATURE							
	Signature, typed or printed name of registered agent			signature require	d when reinstating) DATE		5000 0140
12.	OFFICERS ANI				ADDITIONS/CHANGES TO OFFICERS /	ND DIREC	
TITLE	PTD		TITLE			☐ Chang	e 🗀 Addition
NAME	KEFFER, SANDRA K	1.2	NAME				
STREET ADDRESS	16552 S.W. <b>297TH TERR</b> .	1.3	STREET	ADDRESS	•		
CITY-ST-ZIP	HOMESTEAD FL 33033		CITY-ST	-ZIP			
TITLE	VS	☐ DELETE 2.1	TITLÉ			☐ Chang	e Addition
NAME	Henson, Glenda	2.2	NAME				
STREET ADORESS	15600 S.W. 288TH ST, STE 310	2.3	STREET	ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL 33033	2.4	CITY-S	T-ZIP			
TITLE	The water of the second of the	DELETE 3.1	liife -	٠, ٠,٠-	ده معجد دارد المصور الاراتوانس، الدارواري شارد شدمسست. ده معجد دارد	Chang	e Addition
NAME		3.2	NAME		• • • • • • • • • • • • • • • • • • • •		
STREET ADDRESS		3.3	STREET	ADDRESS			
CITY-ST-ZIP		3.4	CITY-S	T-ZIP			
TITLE		☐ DELETE 4.1	TITLE			Chang	e 🔲 Addition
NAME		1 4.2	NAME				
STREET ADDRESS		4.3	STREET	ADDRESS			
CITY-ST-ZIP		1 4.4	CITY-ST	-ZIP			
TITLE			TITLE			☐ Chang	e Addition
NAME			NAME				
STREET ADDRESS	•	5.3	STREET	ADDRESS			
	,		CITY-ST				X.,
CITY-ST-ZIP	<u> </u>		TITLE		***************************************	Chang	e Addition
NAME	·			Ī			-
		6.2	NAME	l l	•		
STREET ADDRESS	•		NAME STREET	ADDRESS	•		

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.

SIGNATURE: