

FILING FEE AFTER MAY 1ST IS \$550.00

OFFICE OF THE SECRETARY OF STATE
CORPORATION ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
OFFICE OF CORPORATIONS

FILED

00 JAN -3 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

09-2150AR
POB000108917
FERKEE, INC
P.O. BOX 1809
HOBE SOUND FL 33475

Principal Place of Business

Mailing Address

8701-23, US Hwy #1
PORT ST LUCIE, FL 33492

7/12/99 900050288151

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

DECEMBER 14, 1998

4. FEI Number

65-0882394

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN KEELER
356 COLTVIEW RD #503
~~PORT ST LUCIE~~
N. PALM BEACH, FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-23-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME JOHN KEELER

1.2 NAME

STREET ADDRESS 356 COLTVIEW RD #503

1.3 STREET ADDRESS

CITY-ST-ZIP N. PALM BEACH, FL 33408

1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

500003096845--2

-01/13/00--01003--005

****150.00 ****150.00

TITLE DELETE

3.1 TITLE Change Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-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

KEE

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:

JOHN KEELER

12-6-99

Date

561-252-2714

Daytime Phone #

CR2E034 (11/98)

2

2

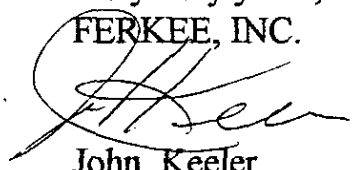
FERKEE, INC,
PO BOX 1809
HOBE SOUND, FL 33475

July 3, 1999

Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

I am in receipt of a late notice for my corporate filing requirement. As per my conversation with a representative from your office I am informing you that I did not receive an original notice prior to this notice.

Very truly yours,
FERKEE, INC.



John Keeler
President