## 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 # S60845

C. J. KEEL, JR., P.A.

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Principal Place	e of Business	Mailing Address				INNE ULII ULIII UKUI	II BIŞII BABIL DI	ihtt at uts tant
4045 HENDERS		4045 HENDERSON BLVD.						
TAMPA FL 33629 TAMPA FL 33629				BO MOT MID	TE IN TURO C	DACE	•	
					3. Date Incorporated or Qualifed	ITE IN THIS S	PACE	<del></del> 1
					06/19/1991			
2 Dringing D	Place of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
z. Philipai P	lace of Business	26			59-3069040		-	Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.					\$8.75 A	
22	,	27			5. Certifcate of Status Desired		Fee Red	quired
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	) Fees
Zip	Country	Zip	Country	1	8. This corporation owes the cur			
24 .	25	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	30		Personal Property Tax.			□No
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New	Registered A	gent	
KEE	L, C.J., JR.	•	"	Name	·		,	
	1"SAN NICHOLAS		82	Street Add	ress (P.O. Box Number is Not Accep	table)		
	IPA FL 33629		83		* * * * * * * * * * * * * * * * * * *	40. Det a 3P.34	1 800 1 8 31 3	21 113 23
*****		•	00				1300年	
			84	City		FI	85 Zip C	ode // 1
44 : Directors	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statute	s the abov	e-named corr	poration submits this statement for the	e purpose of ch	nanging its	registered
office of i	registered agent or both in the State (	of Florida. Such change was auf	thorized by	the corporati	on's board of directors. I hereby acce	ept the appoint	ment as reg	jistered
agent. I a	am tamiliar with, and accept the obligat	tions of, Section 607.0505, Florid	da Sialutes	3.				
agent. I a	•	tions of, Section 607.0505, Flore		5. 				
agent. I a	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Age	5. 	ed when reinstating) , Constitution	DATE SAND	DIRECTO	
agent. I a SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE: F D DIRECTORS	Registered Age	5. 	ad when reinstating) (, Con 1).  ADDITIONS/CHANGES TO O	FFICERS AND		
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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 any attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90027 021 \*\*\*150.00