## PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT. OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S67722

1. Corporatio	n Name KETING, INC											
10 mgi	REIIIG, IN	•										
Principal Plac	e of Business		Mailing	g Address		_		$\dashv$	A TOBANGOLO AND BANKA KODON TODAK ANDRO HADA BADAN	BIDIA BURN BEDE	I DONN BEDAN 1990 .	
2176 RESERVE	PARK TRACE			WY 441 SE								
PORT ST LUCIE FL 34996 OKEECHOBEE FL 34974 US									DO NOT WRITE IN THIS SPACE			
,,,								3.	Date incorporated or Qualified		<del></del>	
								-	07/22/1991			
2. Principal Place of Business 2s. Mailing Address									4. FEI Number		pplied For	
<u> آا</u>						L	59-3079884		lot Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired		Additional Required			
City & Stat	le		$\vdash$	City & State				- 6.	Election Campaign Financing—	•	May Bo ===	
3				Zip Country				╼┼╼	8. This corporation owes the current year intengible			
Zip □		Country	29	•	30	,		0.	Personal Property Tax.	Yes	□No	
4	25	d Address of Curren		of Ament	1301	_		10.	Name and Address of New Registered	1 Agent		
	3. 14diles 211	Address of Carrent	100 80000			81	Name					
JON	ES, RANDALL	A				-	01	/F	O Dor Number is flot Acceptable)			
2176 RESERVE PARK TRACE						82 Street Addr			P.O. Box Number is Not Acceptable)			
PORT ST LUCIE FL 34988					,	83						
	t					L	<u> </u>			-   PE   7in	Code	
						84 City			Fi	85 Zip	CODE	
SIGNATURE	Signature, typed or pr	OFFICERS AN		ORS	E: Registered 13.	Ager	nt elignature require		ADDITIONS/CHANGES TO OFFICERS A			
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14. I hereby certify that the information supplied with the filling 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 supplier and all 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 escaper of 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 authoriment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF BIOMBING OFFICER OR DIRECTOR

5/1/99 54 461-4900

May 10, 1999 8:00 am Secretary of State

05-10-1999 90174 050 \*\*\*150.00

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