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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S85810

KE REALTY SERVICES, INC.

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90059 049 ***158.75



Principal Place	e of Business	Mailing Address								
5440 N.W. 33 A	VE.	5440 N.W. 33 AVE.								
SUITE 112		SUITE 112				DO NOT MORE IN THE CRACE				
FORT LAUDERDALE FL 33309-7021		FORT LAUDERDALE FL 33309-7021			-	DO NOT WRITE IN THIS SPACE				
		•				3. Date Incorpora		d		ļ
						10/08/1991			.—	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			A	pplied For
21		26				65-029327	0	_	N	lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					tatua Danisani	[X]	\$8.75	Additional
22	•	27				5. Certificate of S	iaius Desireo	EQ.	Fee F	Required
City & State	Δ	City & State				6. Election Camp	paign Financing		\$5.00	May Be
- '	~	28				Trust Fund Co	-		•	I to Fees
23 Zin	Country	Zip	Coun	trv		8. This corporation		rrent year I	ntangible	
Zip		├ '	30	/		Personal Prop		morn your i	☐ Yes	□No
24	25		301			10. Name and Ad		Registere	d Agent	
	9. Name and Address of Current	Registered Agent	- ,	31 Na		TO. Hame and the				
DI 1DI	ROWS, ARTHUR E JR			, ,	1110					
			1	32 Str	eet Address	s (P.O. Box Numb	er is Not Accep	table)		
	NW 33RD AVENUE, SUITE 112		L							
FT. L	AUDERDALE FL 33309		1	33						7
			ļ.	34 Cit			<u> </u>		85 Zir	Code
			'	34 Cit	у			F	L °° -	/ 0000
11 Durayant	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statute	s the ab	ove-nar	ned comora	ation submits this s	tatement for th	e purpose	of changing it	s registered
office or n	egistered agent, or both, in the State c	of Florida. Such change was at	ıtnorizea	ру іпе с	corporation's	s board of director	s. I hereby acc	ept the app	ointment as i	registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ioa Statui	es.						
SIGNATURE		·						DATE		
_	Signature, typed or printed name of registered agent	<u> </u>		gent signa	iture required wi	hen reinstating)	ANGES TO O		AND DIRECT	ORS IN 12
12.	OFFICERS AND	D DIRECTORS	13.		iture required wi	ADDITIONS/CI	ANGES TO O			
	OFFICERS AND	<u> </u>	13.	E	ature required wi		ANGES TO O		ND DIRECT ☐ Change	
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CITY-ST-ZIP of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an awered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal of the same legal effect as if made under oath; that I am an awered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath; that I am an awered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath; that I am an awered to execute this report as required by Chapter 607, Florida Statutes. 14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver or trustee or Block 12 or Block 13 if changed or on an attachment with

SIGNATURE:

1/6/99

(954) 777-5229