

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V25299** (1)

1. Corporation Name

THE KEEWIN REAL PROPERTY COMPANY



Principal Place of Business

**1031 W MORSE BLVD
SUITE 310
WINTER PARK FL 32789**

Mailing Address

**1031 W MORSE BLVD
SUITE 310
WINTER PARK FL 32789**

3. Date Incorporated or Qualified
04/01/1992

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21 **1031 W. Morse Blvd**

2a. Mailing Address

26 **1031 W. Morse Blvd**

Suite, Apt. #, etc.

22 **Suite 325**

Suite, Apt. #, etc.

27 **Suite 325**

City & State

23 **Winter Park**

City & State

28 **Winter Park**

Zip

24 **32789**

Country

25 **USA**

Zip

29 **32789**

Country

30 **USA**

4. FEI Number

59-3118741

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**KEEN, ALLAN E
1031 W MORSE BLVD
SUITE 310
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name **Keen, Allan E.**
82 Street Address (P.O. Box Number is Not Acceptable)
1031 W. Morse Blvd
83 **Suite 325**
84 City **Winter Park** FL 85 Zip Code **32789**

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

Allan E. Keen

4-22-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	KEEN, ALLAN E	1031 W MORSE BLVD #310	WINTER PARK FL	<input type="checkbox"/>
D	WILSON, DONALD R	RT 7 BOX 727	CLEBURNE TX	<input type="checkbox"/>
D	FOLK, JAY E	1031 MORSE BLVD, STE 310	WINTER PK FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		Suite 325		
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		Suite 325		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Allan E. Keen

4/22/96

(407) 645-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)