FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V25299

(1)

THE KEEWIN REAL PROPERTY COMPANY

FILED Apr 13 1998 8:00am Secretary of State

Principal Place of Business	MPANY Mailing Address			
1031 W. MORSE BLVD.	1031 W. MORSE BLVI)		
SUITE \$25	SUITE 325		DO NOT WRITE IN TH	IIQ QDACE
WINTER PARK FL 32789 US	WINTER PARK FL 327 US	89	3. Date Incorporated or Qualified	IIO OI ACE
	•		04/01/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3118741	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	28	Country		Added to Fees
24 25	29	30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
9. Name and Address of Current			10. Name and Address of New Register	
KEEN, ALLAN E		81 Name		
1031 W. MORSE BLVD.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
SUITE 325				
WINTER PARK FL 32789		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1609 Etorida Cta	tutos the above period on		of changing its societored
office or registered agent, or both, in the State of	of Florida. Such change wa	as authorized by the corpor	ration's board of directors. I hereby accept the a	appointment as registered
agent. I am familiar with, and accept the obligat	tions of, Section 607.0505,	Florida Statutes.		}
SIGNATURE Signature, typed or printed name of registered agen	Land life if applicable (I	NO11 Registered Agent signature reg	quired when reinstating) DAT	<u> </u>
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	☐ DELETE	1.1 TITLE		Change Addition
NAME KEEN, ALLAN E		1.2 NAME		
STREET ADDRESS 1031 W. MORSE BLVD., SUITE	325	1.3 STREET ADDRESS		}
CITY-ST-ZIP WINTER PARK FL	Driete	1.4 CITY-ST-ZIP		I Obana I I Addition
THILE D	DELETE	2.1 TITLE		Change Addition
MAME WILSON, DONALD R STREET ADDRESS RT 7 BOX 727		2.2 NAME	• •	
0. 100.100.100 50.4		2.3 STREET ADDRESS		
CITY-ST-ZIP CLEBURNE IX	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME FOLK, JAY E		3.2 NAME		
STREET ADDRESS 1031 MORSE BLVD., SUTIE 32	5	3.3 STREET ADDRESS	•	[
CITY-ST-ZIP WINTER PK FL	: -	3.4. CITY-ST-ZIP	e e	
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		ľ
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		ļ
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP	Domese	5.4 CITY-ST-ZIP		Oracca Davids
TITLE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE NAME	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		Change Addition
TITLE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition

1. Thereby 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 exemption annual report is five 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 of 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 au attachment with an appliess.

SIGNATURE:

Cales