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 # V69662

(7)

KEITH & BALLBE, INC.

SIGNATURE:

FILED Mar 27 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			
1700 N.W. 64TH STREET 1700 N.W. 64TH STREET					·
300 300					
FORT LAUDERDALE FL 33309 FT. LAUDERDALE FL 3			30 9		DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualified
B 0-1110	New of Charles	1 A 17.78 A 17.78			10/02/1992
	Place of Business	2a. Mailing Address			4. FEI Number Applied For 65-0379064 Not Applicable
Suite, Apt.	# elc	Suite, Apt. #, etc.			\$9.75 Addistrict
22	π, οις.	27			5. Certificate of Status Desired Fee Required
City & Stat	e e	City & State			6. Election Campaign Financing \$5.00 May Be
23	-	28			Trust Fund Contribution Added to Fees
Zip	······································		Cour	itry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
AD	ELE I. STONE, ESQUIRE			81 Name	
	46 TYLER STREET			B2 Street	Address (P.O. Box Number is Not Acceptable)
	OLLYWOOD FL 33020		ĺ	Slieer	Address (F.O. box Number is Not Acceptable)
				83	
			ļ.,	04 09	Tax I 7% On the
				B4 City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of rogistered age			Agent signature	required when reinslating) DATE
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	KEITH, JONATHAN WAYNE	L_I DELETE	1.1 700		LJ Change Addition
NAME	OOO CAMPLLIA OT		1.2 NAI		
STREET ADDRESS	,	DI ANTATIONI EI		EET ADDRESS	
CITY-ST-ZIP TITLE			2.1 TIT	r-ST-ZIP	☐ Change ☐ Addition
NAME	BALLBE, CARLOS J.	<u></u>	2.2 NA		
STREET ADDRESS	4200 NE 15TH AVENUE	23		EET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL			Y-ST-ZIP	
TITLE	DELETE		3.1 TITI		Change Addition
NAME			3.2 NA		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	
TITLE	DELETE		4.1 TiTL		Change Addition
NAME			4.2 NA	ME	
STREET ADDRESS			4.3 STR	EET ADDRESS	
CITY-ST-ZIP			4.4 CIT	/-ST-ZIP	
TITLE		DELETE	5.1 TiTi	E	Change Addition
NAME			5.2 NA	AE	
STREET ADDRESS			5.3 STR	EET ADDRESS	
CITY - ST - ZIP			5.4 CIT	-ST-ZIP	
TITLE		☐ DELETE	6.1 TIT	E	☐ Change ☐ Addition
NAME			6.2 NA	ne	
STREET ADDRESS			6.3 STR	EET ADDRESS	
CITY-ST-ZIP			6.4 CIT	(-ST-ZIP	
14. I hereby of indicated	centry that the intermation supplied wi	th this tiling does not qualify the	tor the exer	nption state that my sig	id in Section 119.07(3)(i), Florida Statutes. I further certify that the information hature shall have the same legal effect as if made under path; that I am an
14. Thereby certify that the information supplied with the tiling 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 further structure 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?					