

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 MAY -1 AM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **224813** (6)

1. Corporation Name
THE KEYES COMPANY

Principal Place of Business Mailing Address
**ONE SE THIRD AVE
11TH FLOOR
MIAMI FL 33131
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1959	3a. Date of Last Report 05/01/1994
4. FEI Number 59-0897518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State Apt # etc. 22	State Apt # etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
County 25	County 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FRIEDLANDER, BRUCE D ONE SE THIRD AVE SUITE 1101 MIAMI FL 33131		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605 Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	D SMITH, FRED S. ONE SE THIRD AVE 11TH FLOOR MIAMI FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR MIAMI FL	12 NAME	
CITY & ZIP	MIAMI FL	13 STREET ADDRESS	
TITLE	SVD	14 CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, RAY M. ONE SE THIRD AVE 11TH FLOOR MIAMI FL	15 NAME	
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR MIAMI FL	16 STREET ADDRESS	
CITY & ZIP	MIAMI FL	17 CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAS, T J ONE SE THIRD AVE 11TH FLOOR MIAMI FL	19 NAME	
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR MIAMI FL	20 STREET ADDRESS	
CITY & ZIP	MIAMI FL	21 CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DP	22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAS, MICHAEL I ONE SE THIRD AVE 11TH FLOOR MIAMI FL	23 NAME	
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR MIAMI FL	24 STREET ADDRESS	
CITY & ZIP	MIAMI FL	25 CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAS, TIMOTHY D ONE SE THIRD AVE 11TH FLOOR MIAMI FL	27 NAME	
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR MIAMI FL	28 STREET ADDRESS	
CITY & ZIP	MIAMI FL	29 CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		31 NAME	
STREET ADDRESS		32 STREET ADDRESS	
CITY & ZIP		33 CITY & ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(9)(a), 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Ray M. Shaw* **Ray M. Shaw** 4/26/95 305-371-3592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR