

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:47

DOCUMENT # **375794** (5)
1. Corporation Name
KEY REALTY & DEVELOPMENT, INC.

Principal Place of Business Mailing Address
826 POLK ST P.O. BOX 139
HOLLYWOOD FL 33019 HOLLYWOOD FL 33022

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/20/1971** 3a. Date of Last Report **05/19/1994**
4. FEI Number **59-1362270** 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

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

9. Name and Address of Current Registered Agent
**DEMORA, JULIAN SR.
826 POLK ST
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent
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 607.0502 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 _____ (NOTE: Registered Agent signature required when recasting) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------------|
| TITLE | P |
| NAME | DEMORA, JULIAN J. |
| STREET ADDRESS | 826 POLK ST. |
| CITY - ST - ZIP | HOLLYWOOD FL 33019 |
| TITLE | SD |
| NAME | DEMORA, PAULINE |
| STREET ADDRESS | 826 POLK ST. |
| CITY - ST - ZIP | HOLLYWOOD FL 33019 |
| TITLE | VD |
| NAME | DEMORA JR, JULIAN |
| STREET ADDRESS | 1850 LAKE MILLS RD. |
| CITY - ST - ZIP | CHULUOTA FL 32768 |
| TITLE | V |
| NAME | FELDMAN, PAM |
| STREET ADDRESS | 352 FAIRGREEN PLACE |
| CITY - ST - ZIP | CASSELBERRY FL 32707 |
| TITLE | VT |
| NAME | HOUSEWORTH, DONNA |
| STREET ADDRESS | 2833 BLUESTONE DR. |
| CITY - ST - ZIP | DELTONA FL 32738 |
| TITLE | D |
| NAME | HOUSEWORTH, ROY |
| STREET ADDRESS | 2833 BLUESTONE DR. |
| CITY - ST - ZIP | DELTONA FL 32738 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 110.07(3)(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 such name appears in Block 12 or Block 13 if change is on an attachment with an address.

SIGNATURE: *Julian Demora Jr* **Julian DEMORA** 1-14-95 305-9273092
SIGNATURE AND TYPED OR PRINTED NAME OF ORIGINAL OFFICER OR DIRECTOR Date Digitized Name