

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
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.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	59-1362270	01/20/1971	05/19/1994	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DEMORA, JULIAN SR. 826 POLK ST HOLLYWOOD FL 33019				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 _____ DATE _____
Signature, typed or printed name of registered agent and the filer applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMORA, JULIAN J.	1.2 NAME	
STREET ADDRESS	826 POLK ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33019	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMORA, PAULINE	2.2 NAME	
STREET ADDRESS	826 POLK ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33019	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMORA JR, JULIAN	3.2 NAME	
STREET ADDRESS	1850 LAKE MILLS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHULUOTA FL 32766	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, PAM	4.2 NAME	
STREET ADDRESS	352 FAIRGREEN PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL 32707	4.4 CITY - ST - ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSEWORTH, DONNA	5.2 NAME	
STREET ADDRESS	2833 BLUESTONE DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32738	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSEWORTH, ROY	6.2 NAME	
STREET ADDRESS	2833 BLUESTONE DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32738	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)(b), 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: *Julian Demora Jr* JULIAN DEMORA 1-14-95 305-9293092
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR