

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **375794** (5)

1. Corporation Name
KEY REALTY & DEVELOPMENT, INC.



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

3. Date Incorporated or Qualified: **01/20/1971**
3a. Date of Last Report: **01/20/1995**
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
City & State: 28
Zip: 24
Country: 25
Zip: 29
Country: 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, 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: *Julian J Demora / President*
DATE: _____
(Signature, type or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input type="checkbox"/> DELETE	NAME: DEMORA, JULIAN J.	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 826 POLK ST.	CITY-ST-ZIP: HOLLYWOOD FL 33019	1 2 NAME	
TITLE: SD <input checked="" type="checkbox"/> DELETE	NAME: DEMORA, PAULINE	1 3 STREET ADDRESS	
STREET ADDRESS: 826 POLK ST.	CITY-ST-ZIP: HOLLYWOOD FL 33019	1 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD <input type="checkbox"/> DELETE	NAME: DEMORA JR, JULIAN	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1850 LAKE MILLS RD.	CITY-ST-ZIP: CHULUOTA FL 32768	2 2 NAME	
TITLE: V <input type="checkbox"/> DELETE	NAME: FELDMAN, PAM	2 3 STREET ADDRESS	
STREET ADDRESS: 352 FAIRGREEN PLACE	CITY-ST-ZIP: CASSELBERRY FL 32707	2 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VT <input type="checkbox"/> DELETE	NAME: HOUSEWORTH, DONNA	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2833 BLUESTONE DR.	CITY-ST-ZIP: DELTONA FL 32738	3 2 NAME	
TITLE: D <input type="checkbox"/> DELETE	NAME: HOUSEWORTH, ROY	3 3 STREET ADDRESS	
STREET ADDRESS: 2833 BLUESTONE DR.	CITY-ST-ZIP: DELTONA FL 32738	3 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4 1 TITLE	
		4 2 NAME	
		4 3 STREET ADDRESS	
		4 4 CITY-ST-ZIP	
		5 1 TITLE	<i>Secretary / Treasurer /</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5 2 NAME	<i>Director / Vice Pres</i>
		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 119.07(3)(k), 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: *Donna Houseworth* DATE: *2/6/96* DAYTIME PHONE: *407-330-1729*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)