

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 10, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-10-1999 90001 010 ***158.75

DOCUMENT # 375794

1. Corporation Name
KEY REALTY & DEVELOPMENT, INC.



DO NOT WRITE IN THIS SPACE

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	
4. FEI Number 59-1362270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Zip Country	29 Zip Country
25	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
	FL

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	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	VD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMORA JR, JULIAN	2.2 NAME
STREET ADDRESS	1850 LAKE MILLS RD.	2.3 STREET ADDRESS
CITY-ST-ZIP	CHULUOTA FL 32766	2.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, PAM	3.2 NAME
STREET ADDRESS	352 FAIRGREEN PLACE	3.3 STREET ADDRESS
CITY-ST-ZIP	CASSELBERRY FL 32707	3.4 CITY-ST-ZIP
TITLE	STDV <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUSEWORTH, DONNA	4.2 NAME
STREET ADDRESS	2833 BLUESTONE DR.	4.3 STREET ADDRESS
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSEWORTH, ROY	5.2 NAME
STREET ADDRESS	2833 BLUESTONE DR.	5.3 STREET ADDRESS
CITY-ST-ZIP	DELTONA FL 32738	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

SIGNATURE: Julian Demora Sr. 1-15-99 954-927-3092
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)