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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 737455

1. Corporation Name
KEY BISCAYNE VI, INC.

Principal Place of Business	Mailing Address
201 & 251 GALEN DRIVE SUITE 1 KEY BISCAYNE FL 33149 US	% GRIFFIN REALTY. INC 2050 CORAL WAY #305 MIAMI FL 33145 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/07/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1820209 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GRIFFIN REALTY INC
2050 CORAL WAY #305
MIAMI FL 33145

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed 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	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FUENTES, RICK		1.2 NAME		
STREET ADDRESS	251 GALEN DR #209		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CITY-ST-ZIP		
TITLE	VPD	■ DELETE	2.1 TITLE	D	☐ Change ■ Addition
NAME	SIEBER, THOMAS		2.2 NAME	SIEBER, THOMAS	
STREET ADDRESS	251 GALEN DR, #306		2.3 STREET ADDRESS	251 GALEN DR, #306	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		2.4 CITY-ST-ZIP	KEY BISCAYNE, FLA 33149	
TITLE	VD	■ DELETE	3.1 TITLE	TD	☐ Change ■ Addition
NAME	CORA, ELENA		3.2 NAME	CORA, ELENA	
STREET ADDRESS	251 GALEN DR #210		3.3 STREET ADDRESS	251 GALEN DR. # 210	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		3.4 CITY-ST-ZIP	KEY BISCAYNE, FLA. 33149	
TITLE	TD	■ DELETE	4.1 TITLE	VPD	☐ Change ■ Addition
NAME	MAICHACK, DAVID		4.2 NAME	MAICHACK, DAVID	
STREET ADDRESS	201 GALEN DR #207		4.3 STREET ADDRESS	201 GALEN DR. # 207	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		4.4 CITY-ST-ZIP	KEY BISCAYNE, FLA 33149	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEMPER, ROBERT		5.2 NAME		
STREET ADDRESS	251 GALEN DR #201		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HALLEY, MEGHAN		6.2 NAME		
STREET ADDRESS	251 GALEN DR #301		6.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, 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: X SIGNATURE REQUIRED 2/15/99 (305) 860-0944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #