FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F29469**

1. Corporation Name

TITLE

NAME

STREET ADDRESS

SUTTON HARDING KEYSTONE HOLDING, INC.

Principal Place	e of Business	Mailing Address		<u>-</u> '	1 (20115b 1100 11014 12111 21314 21114 2111 21211 21211 21		
% STEVEN MOI	NUS	% STEVEN MONUS					
807 N SOUTH LAKE DR					DO NOT MIDITE IN THIS CRACE		
HOLLYWOOD FL 33019 HOLLYWOOD FL 3301			}			DO NOT WRITE IN THIS SPACE	
	, ·				3. Date Incorporated or Qualifed 04/14/1981	-	
2. Principal Pl	lace of Business	2a. Mailing Address	-		4. FEI Number	Applied For	
21		26	_		59-2247154	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing	5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year Intangit		
24	25	29	30		Personal Property Tax.	Yes 🗀 No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ager	<u>rt</u>	
CUCAR FOMOND				81 Name			
SUGAR, EDMOND L. 950 S. FEDERAL HIGHWAY				82 Street Add	ess (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33020				83			
						-1 -7'- O-1-	
				84 City	FL \85	S Zip Code	
11. Pursuant office or n agent. I a SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida, Such change was a ons of, Section 607.0505, Flo	uthorized rida Stati	i by the corporati utes.	poration submits this statement for the purpose of char ion's board of directors. I hereby accept the appointme	ging its registered nt as registered	
	Signature, typed or printed name of registered agent OFFICERS AND	*	Registered	Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12	
TITLE	PD OFFICERS AND	DELETE	1,1 TI	ne i		Change	
	MONUS, STEVEN		1.2 N/		_	· –	
NAME	807 N SOUTH LAKE DR			TREET ADDRESS		•	
STREET ADDRESS	HOLLYWOOD FL						
CITY-ST-ZIP	HOLLTWOOD FL	☐ DELETE	2.1 TI	TY-ST-ZIP		Change	
TITLE	·	C percit	2.1 II 2.2 N/	·		U. I.	
NAME	,			TREET ADDRESS			
STREET ADDRESS				ITY-ST-ZIP			
CITY-ST-ZIP TITLE	-	DELETE	3.1 TI			Change Addition	
NAME			3.2 N				
STREET ADDRESS			3.3 S	TREET ADDRESS			
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TI	TLE		Change	
NAME			4, 2 N	AME			
STREET ADORESS		•	4.3 S	TREET ADDRESS			
C/TY-ST-ZIP			4.4 C	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TI	F		Change	
NAME			5.2 N				
STREET ADDRESS		•		TREET ADDRESS	·		
CITY-ST-ZIP		•	5.4 C	ITY-ST-ZIP			

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 all attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

LUSICONATURE STEDENTEDONUS SIGNATURE: \ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition