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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700003675

GB (KEY BISCAYNE) OPERATING CORPORATION

	_
Principal Place of Business	
40727 MECTHERIED OTE 4000	

Mailing Addrage

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90017 008 ***150.00



Principal Flace	O Dusiness	Mailing Address									
10777 WESTHEI HOUSTON TX 7	Mer. Ste. 1000 7042	10777 WESTHEIMER. S HOUSTON TX 77042	10777 WESTHEIMER. STE. 1000 HOUSTON TX 77042					DO NO	T WRITE IN TH	IIS SPACE	
						3.	. Date Inc	corporated or Q	ualifed		
						1 -	07/15/	•			ľ
		2- Mailine Address				-4	. FEI Nun			· 1 1 4	applied For
2. Principal Pi	ace of Business	2a. Mailing Address				7					lot Applicable
21 26							1000	41410			
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	→ ''				5. Certificate of Status Desired				
City & State	······································	City & State				6.	. Election	Campaign Fina	ancing	\$5.00	May Be
23		28	28				Trust Fu	and Contribution	,	Added	to Fees
Zip	Country	Zip Co				8.	. This cor	poration owes t	he current year	Intangible	
24	25	29	30					al Property Tax.	•	Yes	□No
	9. Name and Address of Curre			Τ_		10.). Name a	and Address of	New Registere	d Agent	
	3. Tabillo gilla Addition of Galilo			81	Name	·	*				
CT	CORPORATION SYSTEM										
	SOUTH PINE ISLAND ROAD			82	Street	Address (F	P.O. Box	Number is Not	Acceptable)		
PLAN	NTATION FL 33324			83							
				84	City				F	85 Zip	Code
44 Durayant i	to the provisions of Sections 607.05	02 and 607 1508 Florida St	atutes the	above	-namer	t comoratio	on submits	s this statement	for the numose	of changing i	ts registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change wa	as autnorize	юру	tne corp	ooration's b	ooard of di	irectors. I hereb	y accept the app	pointment as i	registered
SIGNATURE	Chartes hand a sixted area of receptored an	and and title if positionable (A	IOTE Registere	nanA b	t signature	required when	reinstating)		DATE	·	[
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS 13					- angina and			NS/CHANGES	TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	VS	DELETE		TITLE		T			<u>-</u>	Change	Addition
i				IAME							į
NAME	NICKLES, JAMES R										
STREET ADDRESS	10777 WESTHEIMER, STE. 10	100			ADDRESS	5					
CITY-ST-ZIP	HOUSTON TX 77042	<u></u>		CITY-S	í-ZIP					[] Change	Addition
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NAME			3.21	NAME							
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CITY-ST-ZIP	1		54	CITY-S	r-ziP						
TITLE		☐ DELETE	6.1	TITLE		1				Change	e 🔲 Addition
NAME			6.2	NAME							l
· J-Vine			62	OTDEE-	TADDRESS	2)					ľ

14. I hereby certify that the information supplied withithis 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 true and that my name appears in the true and the true and that my name appears in the true and that my name appears in the true and the true and the true and the true and that my name appears in the true and that my name appears in the true and the t officer or director of the corporation or the Block 12 or Block 13 if changed, or on an

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

KARIM