

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 # **M67909 (5)**

1. Corporation Name
KEYSTONE INVESTMENT PROPERTIES, INC.



Principal Place of Business: **986 N DOUGLAS AVE SUITE #102 ALTAMONTE SPRINGS FL 32714**
Mailing Address: **986 N DOUGLAS AVE SUITE #102 ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified: **02/11/1988**
3a. Date of Last Report: **05/26/1995**

2. Principal Place of Business: **21 901 Douglas Ave. Suite, Apt. #, etc. 22 SUITE 101 City & State 23 Altamonte Springs FL Zip 32714 Country 24 USA**
2a. Mailing Address: **26 901 Douglas Ave Suite, Apt. #, etc. 27 SUITE 101 City & State 28 Altamonte Springs FL Zip 29 32714 Country 30 USA**

4. FEI Number: **59-2876015**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
Election Campaign Financing: **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **MAROON, WILLIAM S. 986 N DOUGLAS AVE SUITE #102 ALTAMONTE SPRINGS FL 32714**
10. Name and Address of New Registered Agent: **81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 SUITE 101 84 City Altamonte Springs FL 85 Zip Code 32714**

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, 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: *William S. Maroon* DATE: **4/30/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROON, LOLA A.	1.2 NAME	
STREET ADDRESS	986 DOUGLAS AVE., #102	1.3 STREET ADDRESS	901 Douglas Ave Ste 101
CITY-ST-ZIP	ALTAMONTE SPGS FL	1.4 CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE	DPST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROON, WILLIAM S.	2.2 NAME	
STREET ADDRESS	986 N. DOUGLAS AVENUE	2.3 STREET ADDRESS	901 Douglas Ave Ste 101
CITY-ST-ZIP	ALTAMONTE SPGS. FL	2.4 CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 as an attachment with an address.

SIGNATURE: *William S. Maroon* DATE: **4/30/96** DAYTIME PHONE #: **(407) 774-7083**

CRE034 (12/95)