Mar 24, 1999 8:00 am Secretary of State

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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M67909

Corporation Name

KEYSTONE INVESTMENT PROPERTIES, INC.

| Principal Place | of Business | Mailing Add | dress | | | | 1 | T (THE STATE OF T | | | 1811 B1811 B | ILÜYI BIR | F) ####/ |
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| 901 DOUGLAS AVE. | | 901 DOUGLAS AVE. | | | | | | | | | | | |
| STE. 101 | | STE. 101 | | | DO NOT WRITE IN THIS SPACE | | | | | | | | |
| *ALTAMONTE SPRINGS*FL 32714 * * * * * * * * * * * * * * * * * * * | | ALTAMONTE SPRINGS FL 32714 US | | | | 3. Date Incorporated or Qualifed | | | | | | | |
| US | | 00 | | | | | 1 | 11/1988 | o. Quanca | | | | { |
| 2. Principal Pl | ace of Business | 2a. Mailing | Address | | | | | Number | | | | App | lied For |
| 21 | 100 01 Duomings | 26 | | | | | 59- | -2876015 | | | | Not | Applicable |
| Suite, Apt. | #, etc. | | pt. #, etc. | | | | 5 Cor | tifcate of Status | Desired | | | | lditional |
| 22 | | 27 | | | | | J. Cer | uicate oi Status | . Desiled | | Fe | e Req | uired |
| City & State | 9 | City & S | State | | | | 1 | ction Campaign | _ | | • | | fay Be |
| 23 | | 28 | | | | | + | st Fund Contrib | | | | ded to | Fees |
| Zip | Country | Zip | { | Countr | У | | 1 | s corporation ov | | rent year Int | angible Yes | Г | ∃No |
| 24 | 9. Name and Address of Curren | 129 · | | 30 | | | | sonal Property me and Addres | | Registered | | | |
| | 9. Name and Address of Curren | t Registered Ag | Jeur - | 81 | 1 N | ame | 10. 140. | | | | | | |
| MAR | OON, WILLIAM S. | | | | | | (5.0.1 | N N 1 1- | N-4 A | - hia | | | |
| 901 | DOUGLAS AVE. | | | 82 | 2 5 | treet Addre | ess (P.U. I | Box Number is | Not Accept | able) | | | |
| STE. | . 101 | | | 83 | 3 | | | • | | | | | |
| ALTA | MONTE SPRINGS FL 32714 | | | 84 | 4 0 | ith a | | | | - | 85 | Zip Co | nde |
| | | | | | | City | | | | FL | . | | |
| 11. Pursuant | to the provisions of Sections 607.050, egistered agent, or both, in the State | 2 and 607.1508, | Florida Statute | es, the abov | ve-na | amed corpo | ration sub | mits this stater | ment for the | purpose of | changin | g its n | egistered istered |
| office or re agent. I a | egistered agent, or both, in the State t m familiar with, and accept the obligat | tions of, Section | 607.0505, Flor | rida Statute | y ule S. | corporation | irs board | or unectors. | croby dece | pt are appea | | .c .cg. | |
| SIGNATURE | | | | | | | | | | | | | |
| 0.0.0.0.0 | | | | | | | | | | | | | |
| | Signature, typed or printed name of registered agen | | | Registered Age | ent sign | nature required | | | CES TO OF | DATE EICERS AN | ID DIDE | CTOE | S IN 12 |
| 12. | OFFICERS AN | D DIRECTORS | | 13. | | nature required | | ting) ITIONS/CHANG | GES TO OF | | | | S IN 12 |
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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 frustee 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 propyr an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TE WILLIAM DE MAROON NAME OF SIGNING OFFICER OR DIRECTOR

3.9.99

Daytime Phone #

407.774.7083