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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90114 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06128

1. Corporation Name
KEY SQUARE ASSOCIATION, INC.

Principal Place of Business 1096 SUNSET STRIP SUNRISE FL 33313	Mailing Address 1096 SUNSET STRIP SUNRISE FL 33313
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/13/1984
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 65-0027971
23. City & State	28. City & State	Applied For Not Applicable
24. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>
25. Country	30. Country	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
10. Name and Address of New Registered Agent		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GRIFFITH, W. R.
1096 SUNSET STRIP

SUNRISE FL 33313

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 617.0509, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 3/19/99

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GEARY, WILLIAM W. JR.	
STREET ADDRESS	1096 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRIFFITH, W.R.	
STREET ADDRESS	1096 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARCLIFT, BARBARA	
STREET ADDRESS	1096 SUNSET STRIP	
CITY-ST-ZIP	SUNSET FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *[Signature]* DATE: 3/19/99 954-792-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **W.R. Griffith, Secretary-Treasurer** Daytime Phone #

CR2E037 (1/98)