

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000077390 (9)
 1. Corporation Name
KEYSTONE GROUND SUPPORT, INC.



Principal Place of Business: **5925 RAVENSWOOD ROAD BLDD. D BAY 14 FORT LAUDERDALE FL 33312**

Mailing Address: **5925 RAVENSWOOD ROAD BLDD. D BAY 14 FORT LAUDERDALE FL 33312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1995**

4. FEI Number: **65-0623700** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **4755 122 AVE N** Suite, Apt. #, etc.: **22**

2a. Mailing Address: **4755 122 AVE N** Suite, Apt. #, etc.: **27**

23. City & State: **CLEARWATER FL** 28. City & State: **CLEARWATER FL**

24. Zip: **33762** 25. Country: **USA** 29. Zip: **33762** 30. Country: **USA**

9. Name and Address of Current Registered Agent: **HAGGERTY, EUGENE 5925 RAVENSWOOD ROAD BLDD. D BAY 14 FORT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent:

81. Name: _____

82. Street Address (P.O. Box Number is Not Acceptable): _____

83. _____

84. City: _____ 85. Zip Code: **FL**

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, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAGGERTY, EUGENE M | 1.2 NAME | |
| STREET ADDRESS | 5925 RAVENSWOOD ROAD BLDD. D BAY 14 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | 1.4 CITY-ST-ZIP | |
| TITLE | VSD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAGGERTY, RENEE S | 2.2 NAME | |
| STREET ADDRESS | 5925 RAVENSWOOD ROAD BLDD. D BAY 14 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | 2.4 CITY-ST-ZIP | |
| 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 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 an attachment with an address.

SIGNATURE: _____ DATE: **4/25/98** **813-299-0421**

CR2E034 (10/97)