

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 # P97000028043

1. Corporation Name
KEY RESORT GROUP, INC.

Principal Place of Business
**3015 NO OCEAN BLVD. STE 121
FORT LAUDERDALE FL 33308**

Mailing Address
**3015 NO OCEAN BLVD. STE 121
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

2a. Mailing Address

| | | | |
|----|-------------------|----|-------------------|
| 21 | Suite, Apt #, etc | 26 | Suite, Apt #, etc |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| 24 | Country | 29 | Country |

9. Name and Address of Current Registered Agent

**FOSTER, R A
3015 N OCEAN BLVD
STE 121
FORT LAUDERDALE FL 33308**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | City |
| 84 | City |

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

Signature type of printed name of registered agent and level of applicable

(NOTE: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|------------|
| TITLE | DPS | [] DELETE |
| NAME | FOSTER, REBECCA A | |
| STREET ADDRESS | 3015 NO OCEAN BLVD. STE 121 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | |
| TITLE | DVPT | [] DELETE |
| NAME | LANDAU, MARC J | |
| STREET ADDRESS | 3015 NO OCEAN BLVD. STE 121 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | |
| TITLE | C | [X] DELETE |
| NAME | JAMES, L | |
| STREET ADDRESS | 3015 N OCEAN BLVD, 121 | |
| CITY-ST-ZIP | FT LAUD FL 33308 | |
| TITLE | D | [X] DELETE |
| NAME | POLANSKY, B | |
| STREET ADDRESS | 3015 N OCEAN BLVD, 121 | |
| CITY-ST-ZIP | FT LAUD FL 33308 | |
| TITLE | D | [X] DELETE |
| NAME | HIERHOLZER, L | |
| STREET ADDRESS | 3015 N OCEAN BLVD, 121 | |
| CITY-ST-ZIP | FT LAUD FL 33308 | |
| TITLE | D | [X] DELETE |
| NAME | OTTINO, J P | |
| STREET ADDRESS | 3015 N OCEAN BLVD, 121 | |
| CITY-ST-ZIP | FT LAUD FL 33308 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|-------------------------|
| 11 TITLE | [] Change [] Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | [] Change [] Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | [] Change [] Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | [] Change [] Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | [] Change [] Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | [] Change [] Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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)(b), 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, with all other like empowered.

SIGNATURE:

Rebecca A. Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 954-563-2444
DATE AND TELEPHONE NUMBER

APPROVED
30 MAR 26 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/27/1997

4. FEI Number
65-0747578

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 the current year Intangible Personal Property Tax Yes [] No

10. Name and Address of New Registered Agent

600002829596--6
-04/05/99--01126--022
****150.00
FL 85 Zip Code

008256

CR2E034 (11/98)