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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 'P97000067292 (7)

713 KE	Y ROYALE CORP.					
Principal Place of Business Mailing Address						
713 KEY ROYALE DRIVE 713 KEY ROYALE DRIVE						
HOLMES BEACH FL 34217 HOLMES BEACH FL 34217					DO NOT WRITE IN THIS SPA	ACE
					3. Date Incorporated or Qualified	
Ĺ					08/04/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>		applied for	Not Applicable
22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Zip			Country	/	8. This corporation owes or has paid the curren	
24	25		30		Personal Property Tax due June 30.	
Name and Address of Current Registered Agent  ACNOCH D. CURRETORNER				Name	10. Name and Address of New Registered Ag	ent
JAENSCH, P. CHRISTOPHER 3400 S. TAMIAMI TRAIL						
SUITE 303			82	Street Addro	ess (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34239			83			
]			84	City		35 Zip Code
<u>'</u>			1	′	FL i	
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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered eg	ent and title if applicable (NOTE	- Registered Age	ant signature require	ed when re-natating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	o K a g taxon i square	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	D SCHOENFELDE	R DELETE	1.1 TITLE			Change Addition
NAME	<del>COHOENFIEL</del> D, MARIO		1.2 NAME			
STREET ADDRESS	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.3 STREET	}		ļ.
CITY-ST-ZIP TITLE			2.1 TITLE	ST-ZIP		Change Addition
NAME	SCHOENFIELD, CHRISTIANE	Doctor	2.2 NAME		_	) cliende
STREET ADDRESS	713 KEY ROYALE DRIVE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL 34217		2. 4 CITY -	1		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3 2 NAME			1
STREET ADDRESS			3.3 STREET			-
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 1	ST-ZIP		Change Addition
NAME			4.FIIILE 4.2 NAME	1	<u> </u>	Change L Addition
STREET ADDRESS			4.3 STREET	AODRESS	,	
CITY-ST-ZIP			4.4 CITY - S	ŀ	1.	,
TITLE	<u></u>	DELETE	5.1 TITLE		// */-	Change Addition
NAME			5.2 NAME	]		1///
STREET ADDRESS			5.3 STREET	ADDRESS	7//1	4/9
CITY-ST-ZIP	<u> </u>		5.4 CITY - S	T-ZIP	<del>- 80000248/453</del>	1.//
TITLE		DELETE	6.1 TITLE		-04/10/9801005005	Change
<b>I</b>			6.2 NAME	ADDOCCO	***150.00	
STREET ADDRESS			6.3 STREET	AUDRESS		

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 changing or or an attachment with in address.

SIGNATURE.

MARIO SCHOENPELLED

04/02/98 2941-778 866

**FILED** 

Apr 09 1998 8:00am

Secretary of State