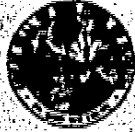


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
 95 JUL 11 AM 9:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # V48127 (7)**

1. Corporation Name  
**KEYSTYLE REALTY, INC.**

Principal Place of Business Mailing Address  
**535 OCEAN WAY 535 OCEAN WAY**  
**KEY LARGO FL 33037 KEY LARGO FL 33037**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/29/1992** 3a. Date of Last Report **04/29/1994**

|                                |            |                        |            |   |  |                                       |  |
|--------------------------------|------------|------------------------|------------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |            | 2a. Mailing Address    |            | 4. FEI Number <b>65-0343454</b>   |  | Applied For                           |  |
| 21 Suite, Apt. #, etc.         |            | 26 Suite, Apt. #, etc. |            | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required |  |
| 22 City & State                |            | 27 City & State        |            | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00</b> May Be Added to Fees    |  |
| 23 Zip                         | 25 Country | 28 Zip                 | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |  |

**9. Name and Address of Current Registered Agent**

**COHEN, GARY P.**  
**46 SW FIRST ST**  
**4TH FL**  
**MIAMI FL 33130**

**10. Name and Address of New Registered Agent**

|  |
|--|
| 81 Name <b>NIKKI DEJAMES</b>   |
| 82 Street Address (P.O. Box Number is Not Acceptable) <b>535 Ocean Way</b> |
| 83   |
| 84 City <b>Key Largo</b> FL 85 Zip Code <b>33037</b>                       |

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 on Section 607.0505, Florida Statutes.

SIGNATURE *Nikki DeJames* DATE **7/6/95**

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------|---|---|
| TITLE                      | <b>D</b>                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DEJAMES, NICOLETTE</b> | 1.2 NAME  |   |
| STREET ADDRESS             | <b>535 OCEAN WAY</b>      | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>KEY LARGO FL</b>       | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 2.2 NAME  |   |
| STREET ADDRESS             |                           | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 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                      |                           | 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                      |                           | 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                      |                           | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Nikki DeJames* DATE **7/6/95** DAYTIME PHONE # **305 451-4613**

CR2E034 (3/95)