

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G79135 (1)**  
1. Corporation Name  
**KEYSTAR, INC.**



Principal Place of Business Mailing Address  
**C/O JOHN M. SPOTTSWOOD, JR.  
500 FLEMING ST.  
KEY WEST FL 33040-6882**

2. Principal Place of Business 2a. Mailing Address  
**21 600 FRONT STREET** **26 600 FRONT STREET**  
**22 SUITE B7** **27 SUITE B7**  
**23 KEY WEST, FL** **28 KEY WEST, FL**  
**24 33040** **25 MONROE** **29 33040** **30 MONROE**

3. Date Incorporated or Qualified **01/17/1984** 3a. Date of Last Report **04/14/1995**  
4. FLI Number **59-2423633** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SPOTTSWOOD, JR., JOHN M.  
500 FLEMING ST.  
KEY WEST FL**

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 607.0502 and 607.1503, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, Date, and Title of Registered Agent (Print Name) (Print Name) Agent Signature and Date of State

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD SPOTTSWOOD, JOHN M., JR.</b>	2. NAME	
STREET ADDRESS	<b>500 FLEMING ST.</b>	13. STREET ADDRESS	
CITY - ST - ZIP	<b>KEY WEST FL</b>	14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD SPOTTSWOOD, ROBERT A.</b>	2.2 NAME	
STREET ADDRESS	<b>500 FLEMING ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KEY WEST FL</b>	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STD SPOTTSWOOD, WILLIAM B.</b>	3.2 NAME	
STREET ADDRESS	<b>500 FLEMING ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KEY WEST FL</b>	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4. 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6. 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)(a), Florida Statutes. I further certify that the information included 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 amendment with an address.

SIGNATURE: *Robert A. Spottswood* **4/26/96** **305-294-3000**  
SIGNATURE AND PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robert A. Spottswood, Vice President**

CR2E034 (12/95)