Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400065659

1. Corporation Name

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP:

KEYSTONE BAY AREA CORPORATION

371 SCARLET BLVD OLDSMAR FL 34677		371 SCARLET BLVD OLDSMAR FL 34677			DO NOT WR	DITE IN THIS	SDACE		
						3. Date Incorporated or Qualifect 09/07/1994		OF AUL	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21	`	26			,	59-3270276			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Additional
22	* **	27	•	-		5. Octaiodic of Guida Boshod		Fee	Required -
City & Stat	te	City & State				6. Election Campaign Financing	<sup>1</sup> 🗆		00 May Be
23		28				Trust Fund Contribution			ed to Fees
Zip				Country		8. This corporation owes the cui	rrent year Inta	angible ∐Yes	□No
24	25	29	30	т		Personal Property Tax.  10. Name and Address of New	Registered /		
	9. Name and Address of Curren	it Kedizielen Waaiit		81	Name	to. Hame and Address of Hen	itogiotorou i	150111	
BRA	DLEY, JAMES A III								·
371 SCARLET BLVD			82 Street Add		Street Addres	ss (P.O. Box Number is Not Accept	itable)		
OLD	SMAR FL 34677			83					
				84	City		FI	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statu	tes, the a	bove	-named corpor	ration submits this statement for the	e purpose of	changing	its registered
l office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	authonze	d by t	the corporation	n's board of directors. I hereby acce	ept the appoir	itment as	registered
SIGNATURE							DATE		
Signature, typed or printed name of registered agent  12. OFFICERS ANI				egistered Agent signature required 13.		when reinstating) ADDITIONS/CHANGES TO O		D DIREC	TORS IN 12
	OFFICERS AN	ID DIKECTORS							
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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 corposation 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.

6.4 CITY-ST-ZIP

CR2E034 (11/98)

**FILED** 

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90085 001 \*\*\*150.00