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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

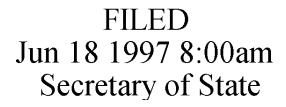
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 502188

(6)

KEY INSURANCE CORPORATION OF FLORIDA



10:01 00

Principal Place of Business Mailing Address							{		ALI DIRA BIBILI	11011 1001	
115 S DALE I TAMPA FL 33			115 S DALE MABRY HWY TAMPA FL 33609-2838								
l <u></u>							3. Date Incorporated or Qualified 04/29/1976		te of Last Re 9/1996	eporl	
	Place of Business		2a. Mailing Address				4. FEI Number		1	plied For	
21	i ll sés		Suite, Apt #, etc.				59-1667388			ot Applicable	
Sulte, Ap		27	27				5. Certificate of Status Desired Fee Required				
City & St	ate	-	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	•		
23 Zip	Country		Zip Country				8. This corporation has liability for				
24	25		29 30		· · · · · · · · · · · · · · · · · · ·			Yes [199.032,	
	9. Name and Address of C						10. Name and Address of New Re	gistered /	gent		
Oil	NEIL, MICHAEL L.			81	1	Name					
	5 SOUTH DALE MABRY HIGH	IWAY		82	+-	Street Addre	ss (P.O. Box Number is Not Acceptal	ole)	-		
	MPA FL 33609			5	Ľ						
				83							
				84	1	City		FL	85 Zip (Code	
11. Pursuar	nt to the provisions of Sections 60	7.0502 and 607.1508, Flo	rida Sta tutes,	, the abov	/0-r	named corpo	oration submits this statement for the p	ourpose of	changing it	s registered	
office of	r registered agent, or both, in the Lam lamiliar with, and addept the	State of Florida. Such chi buligations of Section 60	ange was aut 7.0505. Floric	horized by da Statute	y (ř S	ne corporatio	oration submits this statement for the pon's board of directors. I hereby acce	of the appo	ontrnent as	registered	
SIGNATURE	77 IX 1 I LUA A 11	T O APP	MB					6/13	1197		
SIGNATURE	Signature, typed or printed name of registr		(NOTE: R		eni:	signature require	d when reinstating)	DATE			
12.		S AND DIRECTORS	DC+ FTC	13.			ADDITIONS/CHANGES TO OFFIC			S IN 12	
TITLE	D NOUNE L	Ц	DELETE	1.1 TITLE					Change	☐ Addition	
NAME O'NEIL, MICHAEL L. STREET ADDRESS 115 SOUTH DALE MABRY HIGHWAY				1.2 NAME							
STREET ADDRESS	TANDA FI			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP							
CITY-ST-ZIP	IOMINIE		DELETE	2.1 TITLE	51-4	217			Change	Addition	
NAME	Land Determ			2.2 NAME							
STREET ADDRESS	s		2 3 STREET ADDRES		DRESS						
CITY-ST-ZIP				2 4 City-St-ZiP							
TITLE		DELETE							☐ Change	☐ Addition	
NAME				32 NAME		İ					
STREET ADDRESS	s			33 STREET	T AD	IDRESS					
CITY-ST-ZIP				34. CHY-	ST-	ZIP					
TITLE	٠	L	DELETE	41 THILE		1			Change		
NAME				4. 2 NAME							
STREET ADDRESS	S			4 3 STREET							
CITY-ST-ZIP			DELETE	4 4 CITY - S	\$1-2	ZIP			Change	Addition	
TITLE			ייייייייייייייייייייייייייייייייייייייי	51 TITLE 52 NAME							
NAME	_			5 2 NAME		DOLCO					
STREET ADDRESS	°			5 4 City - 9							
CITY-ST-ZIP TITLE		<u>_</u>	DELETE	61 THLE	31-4				Change	☐ Addition	
NAME				62 NAME					-		
STREET ADDRESS	s			63 STREET		DRESS					
City-St-Zip				64 CITY- 9	ST-2	ZIP					
14. I do her	reby certify that the information su	pptied with this filing doe	s not qualify f	for the exe	em	ption stated	in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	
l am an	tion indicated on this annual repo officer or director of the corporat s in Block 12 or Block 13 it chang	ion or the receiver or trus	ee empowere	ed to exec	cut	ne and that i e this report	my signature shall have the same leg as required by Chapter 607, Florida s	n enect as Statutes; ar	ii made und iid that my n	aer bain; inat iamo	