

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 523334 (1)

1. Corporation Name

KEY WARREN, INC.



Principal Place of Business

Mailing Address

~~% HOLDING CAPITAL GROUP~~  
104 CRANDON BLVD #419  
KEY BISCAYNE FL 33149

~~419 KEY EXECUTIVE BUILDING~~  
~~104 CRANDON BLVD.~~  
KEY BISCAYNE FL 33149  
US

3. Date Incorporated or Qualified  
01/27/1977

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business  
21 % Holding Capital Group, Inc.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 % Holding Capital Group, Inc.  
Suite, Apt. #, etc.

4. FEI Number  
59-1722530

Applied For  
Not Applicable

22 City & State

27 104 Crandon Blvd., #419  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees 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

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPENCER, S.A.  
251 CRANDON BLVD.  
#164  
KEY BISCAYNE FL 33149

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 607.1508, 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 of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SPENCER, S. A.  
STREET ADDRESS 251 CRANDON BLVD. #164  
CITY- ST- ZIP KEY BISCAYNE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE VD  
NAME SPENCER, MARY M.  
STREET ADDRESS 251 CRANDON BLVD. #164  
CITY- ST- ZIP KEY BISCAYNE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE VSD  
NAME DONAGHY, JAMES W.  
STREET ADDRESS 104 CRANDON BLVD #419  
CITY- ST- ZIP KEY BISCAYNE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE AS  
NAME LEISCHNER, STEVEN  
STREET ADDRESS 1979 DOGWOOD DR  
CITY- ST- ZIP WESTFIELD NJ

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)