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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 523334

1. Corporation Name

KEY WARREN, INC.

Principal Place	e of Business	Mailing Address							11E) BIEJ QIQII EIS	1 61611 611		
% HOLDING CAPITAL GROUP INC.		% HOLDING CAPITAL GROUP INC.					ĺ		T.			
104 CRANDON BLVD #419		104 CRANDON BLVD., #419 KEY BISCAYNE FL 33149						DO NOT WRITE IN THIS SPACE				
KEY BISCAYNE FL 33149 US		US						3. Date Incorporated or Qualifed				
•	•						ļ	01/27/1977			1	
2. Principal Pl	lace of Business	2a. M	ailing Address					4. FEI Number		Арр	lied For	
21		26						59-1722530		Not	Applicable	
Suite, Apt.	#, etc.	St	uite, Apt. #, etc.					5. Certificate of Status Desired [.75 Ad	dditional	
22		27									·	
City & State	е	⊢	ty & State					6. Election Campaign Financing Trust Fund Contribution	_	5.00 N dded to	*	
23 Zin	Country	28 Zij	<u> </u>	Col	untry			8. This corporation owes the current			., ees	
Zip	25	29	,	30				Personal Property Tax.	. year iritarigion		□No	
24	9. Name and Address of Curren		ed Agent	1301	т-			10. Name and Address of New Reg	istered Agent			
	J. Hallo Bila Made Co. V. V.				81	Name						
SPE	NCER, S.A.						A -1 -1	(D.O. Day Alumbas is Not Assessable	<u> </u>			
251 (Crandon BLVD.				82	Street	Addres	ss (P.O. Box Number is Not Acceptable	2)			
#164	4				83							
KEY	BISCAYNE FL 33149									Zip Co	ndo	
					84	City			FL 85	Zip Ci	oue	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.	1508, Florida Statut	es, the a	above	-named	corpor	ration submits this statement for the pu	rpose of chang	ing its r	egistered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida.	Such change was a	iuthorize	ed by	the corpo	oration	's board of directors. I hereby accept the	ne appointmen	t as reg	istered	
	The state of the s											
								•			i	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if app	olicable. (NOTE	Registere	d Agen	t signature r	v beriuper	when reinstating)	DATE			
12.	Signature, typed or printed name of registered age: OFFICERS AN		ORS	Registere		t signature r	required w	when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIF			
	OFFICERS AN			13.		t signature r	required w		ERS AND DIF	RECTOR hange	RS IN 12	
12.	PD SPENCER, S. A.		ORS	13. 1.1 T		t signature r	v beriuper		ERS AND DIF			
12.	PD SPENCER, S. A. 251 CRANDON BLVD. #164		ORS	13. 1.1 T 1.2 N	IITLE NAME	t signature r	v beriuper		ERS AND DIF			
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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 chroration or the receiver or trystee 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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

361-8864

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90150 049 ***150.00