

7-16-95 0-2248-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
 ANNUAL REPORT
 1995**



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

**APPROVED
 AND
 FILED**

95 MAR 16 AM 10:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 678043 (1)

1. Corporation Name

KEY CAISSE CORP.

Principal Place of Business

~~1000 S FED. HWY.~~
~~BOYNTON BCH. FL 33435~~

Mailing Address

P.O. BOX 5357
 LAKE WORTH FL 33466

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/10/1980	3a. Date of Last Report 08/21/1994
4. FEI Number 59-2049092	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	

2. Principal Place of Business 21 108 TURNBERRY DR.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ATLANTIS FL	City & State 28
Zip 24 33462	Country 25
Country 29	Country 30

9. Name and Address of Current Registered Agent

BRETAN, HERMAN I
~~1000 S FED. HWY.~~
~~BOYNTON BCH. FL 33435~~

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	108 TURNBERRY DR
83	
84 City	ATLANTIS FL
85 Zip Code	33462

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

(NOTE: Registered Agent signature required when registering)

3/8/95
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRETAN, BARBARA 1000 S FED. HWY. BOYNTON BCH. FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 108 TURNBERRY DR ATLANTIS FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRETAN, H. 1000 S FED. HWY. BOYNTON BCH. FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 108 TURNBERRY DR ATLANTIS FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/95
 4074353435
 Date (Month/Year) (Day/Month/Year)