

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Mathum  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F29469** (6)

1. Corporation Name

**SUTTON HARDING KEYSTONE HOLDING, INC.**



Principal Place of Business

% STEVEN MONUS  
807 N SOUTH LAKE DR  
HOLLYWOOD FL 33019

Mailing Address

% STEVEN MONUS  
807 N SOUTH LAKE DR  
HOLLYWOOD FL 33019

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**SUGAR, EDMOND L.**  
**950 S. FEDERAL HIGHWAY**  
**HOLLYWOOD FL 33020**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONUS, STEVEN		2. NAME		
STREET ADDRESS	807 N SOUTH LAKE DR		3. STREET ADDRESS		
CITY-STATE-ZIP	HOLLYWOOD FL		4. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6. NAME		
STREET ADDRESS			7. STREET ADDRESS		
CITY-STATE-ZIP			8. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			10. NAME		
STREET ADDRESS			11. STREET ADDRESS		
CITY-STATE-ZIP			12. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			14. NAME		
STREET ADDRESS			15. STREET ADDRESS		
CITY-STATE-ZIP			16. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			18. NAME		
STREET ADDRESS			19. STREET ADDRESS		
CITY-STATE-ZIP			20. CITY-STATE-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)(g), 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 in an attachment to this filing.

SIGNATURE: *Steven Monus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1<sup>st</sup> 96 305 922-3074

CR2E034 (12/95)