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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **F93000003672**1. Corporation Name

MASTER KEY NORTHERN, INC.

Principal Place of Business Mailing Address									
2580 WEST ELLSWORTH ROAD 2580 WEST ELLS									
ANN ARBOR MI	48108	ANN ARBOR MI 48108				DO NOT WRITE IN THIS SPACE .			
						3. Date Incorporated or Qualifed		i -	
						08/12/1993		1	1
2. Principal P	lace of Business	2a. Mailing Address	-			4. FEI Number	-T	Apr	plied For
21	acco of Buomogo	26				38-2528825	-		t Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.					\$8	.75 A	Additional
		27				5. Certifcate of Status Desired	F	ee Re	quired
City & Stat	8	City & State				6. Election Campaign Financing	- · \$!	5:00-	May Be
23		28				Trust Fund Contribution			o Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year	Intangible	<u> </u>	
24	25	29	30			Personal Property Tax.	X Ye	į.	□No
L	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent	Ï	
				81	Name	•			
	TON, WILLIAM J			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		} -	
	9 U.S. HIGHWAY 19 NORTH		02						
STE.				83					
CLEA	ARWATER FL 34621			84	0.1		85	 Zip C	ode
				04	City	F	:L "	2''	3000
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE			t signature requ	uired when reinstating) DATE		<u> </u>	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREE				□ CI	lange	☐ Addition
NAME	GRAMMATICO, DANIEL C								
STREET ADDRESS					ADDRESS	•			
CITY-ST-ZIP	ANN ARBOR MI 48108			CITY-S1	I-ZIP			<u> </u>	- Addition
TITLE	VD	☐ DELETE	4	TTLE			Ци	hange 	Addition
NAME	GRAMMATICO, JOSEPH J		2.21	AAME					
STREET ADDRESS			2.3 5	TREET	ADDRESS	•			1
CITY-ST-ZIP	ANN ARBOR MI 48108			CITY-S	T-ZIP			<u> </u>	Addition
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NAME	GRAMMATICO, THEODORE		1	AME					
STREET ADDRESS	1				ADDRESS				ŀ
CITY-ST-ZIP	ANN ARBOR MI 48108	□ DELETE		CITY-S	T-ZIP			hange	Addition
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NAME	GRAMMATICO, JOSEPH B			NAME				1	\
STREET ADDRESS					ADORESS				
CITY-ST-ZIP	ANN ARBOR MI 48108	☐ DELETE	_	CITY-SI	-ZIP		CI	hange	Addition
TITLE				NAME		·	ان رے		
NAME					ADDRESS				ļ
STREET ADDRESS				CITY-SI				1	
CITY-ST-ZIP		☐ DELETE		TITLE	- 415	<u> </u>		l hange	Addition
TITLE		□ nerese		NAME			٦٠		
NAME					T ADDRESS			1	

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 suppliemental annual report of 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 frustless impowered 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 and appears, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REQUIRED

734-663-0630

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90110 011 ***150.00