

**CORPORATION
ANNUAL REPORT
1995**



Florida Department of State
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # F93000004488 (3)

1. Corporation Name

KEYDEX INTERNATIONAL, INC.

95 MAR 31 PM 12: 01

Principal Place of Business

**P.O. BOX 1887
OLDSMAR FL 34677-0034**

Mailing Address

**P.O. BOX 1887
OLDSMAR FL 34677-0034**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/30/1993

3a. Date of Last Report

04/06/1994

4. FEI Number

22-2507706

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

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**OSOFSKY, BARBARA J
1264 COVERSTONE COURT
OLDSMAR FL 34677-5127**

10. Name and Address of New Registered Agent

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

Barbara J. Osowski

(NOTE: Registered Agent signature required when re-registering)

3/24/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OSOFSKY, HOWARD A
STREET ADDRESS	1264 COVERSTONE COURT
CITY - ST - ZIP	OLDSMAR FL 27
TITLE	VSD
NAME	OSOFSKY, BARBARA J
STREET ADDRESS	1264 COVERSTONE COURT
CITY - ST - ZIP	OLDSMAR FL 27
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 110.07(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:

Barbara J. Osowski

(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR)

3/24/95

(813) 785-3535

(Telephone Number)