

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F97443 (8)**
1. Corporation Name
KEY SPACE COMPANY



Principal Place of Business: **701 BRICKELL AVE. STE 1200 MIAMI FL 33131**
Mailing Address: **701 BRICKELL AVE. STE 1200 MIAMI FL 33131**

3. Date Incorporated or Qualified: **08/26/1982** 3a. Date of Last Report: **05/01/1995**
4. FLI Number: **65-0022228** 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.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**ROSSZ FIU CORPORATION
701 BRICKELL AVE, STE 1200
MIAMI FL 33131**

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: _____ (NOTE: Registered Agent Signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, MICHAEL	1.2 NAME	
STREET ADDRESS	CAPITAL HOUSE, BATH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHANNEL ISLANDS GB	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUMONT, DIANA	2.2 NAME	
STREET ADDRESS	LA SEIGNEURIE SARK	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHANNEL ISLANDS, GB	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUMONT, JOHN MICHAEL	3.2 NAME	
STREET ADDRESS	LA SEIGNEURIE SARK	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHANNEL ISLANDS, GB	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Assistant S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Jan Carson Cheezem
STREET ADDRESS		4.3 STREET ADDRESS	701 Brickell Avenue, Suite 1200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Florida 33131
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	2000018114321 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-05/07/96--01099--026
STREET ADDRESS		6.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jan Carson Cheezem* 4/30/96 (305) 373-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)