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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90050 011 ***150.00

DOCUMENT # G17478

KEYSTO	NE HOTEL COMPANY, INC	1								
Principal Place of Business Mailing Address								IBN 61914 BIBN 9191	F 01011 0 F0 F1 (001	
801 GULF WAY ST. PETERSBURG BEACH FL 33706			801 GULF WAY ST. PETERSBURG BEACH FL 33706				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
							12/30/1982			
2 0	leas of Dusiness	20	. Mailing Address		<u>-</u>	···	4, FEI Number		Applied For	ł
─ '	lace of Business	26	. Walling Address				59-2260738	⊢+	Not Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc				5. Certificate of Status Desired	\$8.75	Additional -	 ==
22			City & State				S. Flactica Compaign Financing			
City & State			28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Country	- 201	Zip	Col	untry		8. This corporation owes the current year			1
24	25	29	· .	30	•		Personal Property Tax.	Yes	□No	}
	9. Name and Address of Currer						10. Name and Address of New Register	red Agent]
		, 			81	Name				
	KENSTEIN, MARY				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			1
801 GULF WAY			•			Sileet Addi	address (F.O. Box Number is Not Acceptable)			
ST.	PETERSBURG FL 33706				83					(
					9.4	City		85 Zi	o Code	┨
				84 City				FL " - '	5 5555	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	itions of	, Section 607.0505, Flor	ida Stat	tutes		on's board of directors. I hereby accept the a	E	•	<u> 6</u>
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFFICER			1 6
TITLE	PST		☐ DELETE 1.1					Chang	e Addition	CR2F034 (11/98)
NAME	FALKENSTEIN, MARY				1.2 NAME					5
STREET ADDRESS	1705 PASSE-A-GRILLE WAY		1.3 S			T ADDRESS) <u>F</u>
CITY-ST-ZIP	ST PETE BEACH FL		—			T-ZiP		[T] Choose	e [] Addition	1 8
TITLE			**		2.1 TITLE		; .	Chang	B - Addition	
NAME					2.2 NAME		•			
STREET ADDRESS						TADDRESS	a de la companya de l	· ·		
CITY-ST-ZIP			□ DELETE	_	CITY-S	ST-ZIP		☐ Chang	e	┨
TITLE	☐ DELE¢E			3.1 TITLE 3.2 NAME		•		C		
NAME										}
STREET ADDRESS						TADORESS				
CITY-ST-ZIP			☐ DELETE			ST-ZIP	<u> </u>	☐ Chang	e	1
TITLE	_ see is			4.1 TITLE 4.2 NAME						
NAME	ĺ					T ADDRESS				
STREET ADDRESS					ITY-S					1
CITY-ST-ZIP TITLE			☐ DELETE	5.1 1	_	11-2F		☐ Chang	e	1
NAME			-		AME					
STREET ADDRESS				5.3 S	TREET	T ADORESS				Į
CITY-ST-ZIP				5.4 0	ITY-S	T-ZIP				1
TITLE			☐ DELETE	6.1 T			-pulsed-free-side-radio-side-side-side-side-side-side-side-side	☐ Chang	e	1 .
NAME				6.2 N	IAME					1
STREET APPROPRIES	1			6.3 5	TREET	T ADDRESS				

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mary Falkenstein

360-1313