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FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G63034 (4)

1. Corporation Name

KEYES CITY INSURANCE AGENCY, INC.

Principal Place of Business

4483 NW 36 STREET
MIAMI SPRINGS FL 33168

Mailing Address

4483 NW 36 STREET
MIAMI SPRINGS FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1983

4. FEI Number

59-2295742

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 150 Westward Drive

Suite, Apt. #, etc.

22 City & State

23 Miami Springs, FL

Zip Country

24 33166-5299

2a. Mailing Address

26 150 Westward Drive

Suite, Apt. #, etc.

27 City & State

28 Miami Springs, FL

Zip Country

29 33166-5299

30

9. Name and Address of Current Registered Agent

WEINTRAUB, ALBERT L.
2250 SW 3RD AVE.
MIAMI FL 33129

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME FIELDS, J. C. ☐ DELETE
STREET ADDRESS 372 MINOLA DRIVE
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE VSD
NAME STANLEY, DENNIS H. ☐ DELETE
STREET ADDRESS 5413 SW 137 CT.
CITY-ST-ZIP MIAMI FL

TITLE V ☒ DELETE
NAME JACQUES, HERBERT E JR
STREET ADDRESS 322 SW 20 STREET
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 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.

SIGNATURE: Dennis H. Stanley

Dennis H. Stanley 03/03/98

(305) 888-8585

CR2E034 (10/97)