

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G79135 (1)**
1. Corporation Name
KEYSTAR, INC.



Principal Place of Business Mailing Address
**C/O JOHN M. SPOTTSWOOD, JR.
500 FLEMING ST.
KEY WEST FL 33040-6882**

2. Principal Place of Business 2a. Mailing Address
21 **600 FRONT STREET** 26 **600 FRONT STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE B7** 27 **SUITE B7**
City & State City & State
23 **KEY WEST, FL** 28 **KEY WEST, FL**
Zip Country Zip Country
24 **33040** 25 **MONROE** 29 **33040** 30 **MONROE**

3. Date Incorporated or Qualified **01/17/1984** 3a. Date of Last Report **04/14/1995**
4. FCI Number **59-2423633** 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
**SPOTTSWOOD, JR., JOHN M.
500 FLEMING ST.
KEY WEST FL**
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 607.1503, 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 _____ DATE _____
Signature, Date, Name and Address of Registered Agent (Print) (Print) Registered Agent Signature and Address (Print) (Print)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD SPOTTSWOOD, JOHN M., JR.	2. NAME	
STREET ADDRESS	500 FLEMING ST.	13. STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL	14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD SPOTTSWOOD, ROBERT A.	2.2. NAME	
STREET ADDRESS	500 FLEMING ST.	2.3. STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL	2.4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD SPOTTSWOOD, WILLIAM B.	3.2. NAME	
STREET ADDRESS	500 FLEMING ST.	3.3. STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL	3.4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY - ST - ZIP		4.4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
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)(a), Florida Statutes. I further certify that the information included 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 amendment submitted in a filing.

SIGNATURE: *Robert A. Spottswood* 4/26/96 305-294-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert A. Spottswood, Vice President

CR2E034 (12/95)