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**Mar 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # H05837 (0)**  
1. Corporation Name  
**KEYSTONE PLUS, INC.**



Principal Place of Business Mailing Address  
**2502 ROCKYPOINT DRIVE SUITE 660 TAMPA FL 33607 US**  
**2502 ROCKYPOINT DR. SUITE 660 TAMPA FL 33607-1445 US**

3. Date Incorporated or Qualified **05/31/1984** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2445448** Applied For Not Applicable  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
23. Zip Country 28. Zip Country 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
24. 25. 29. 30. 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent **CRAWFORD, ELIZABETH T. 6830 CENTRAL AVE. SUITE B ST PETERSBURG FL 33707**  
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director, President/Treas</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, KENNETH A.</b>	1.2 NAME	
STREET ADDRESS	<b>6860 GULFPORT BLVD S</b>	1.3 STREET ADDRESS	<b>2502 Rocky Pt Dr #660</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL 33607</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, SUSAN</b>	2.2 NAME	
STREET ADDRESS	<b>6860 GULFPORT BLVD #402</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STALENSKY, DONALD</b>	3.2 NAME	
STREET ADDRESS	<b>6860 GULFPORT BLVD #402</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, JANE M</b>	4.2 NAME	
STREET ADDRESS	<b>6860 GULFPORT BLVD 60</b>	4.3 STREET ADDRESS	<b>2502 Rocky Pt Dr #660</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	4.4 CITY-ST-ZIP	<b>Tampa, FL 33607</b>
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	<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 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: *Kenneth A. Gordon* **Kenneth A. Gordon DP** *Revised* **03-19-97** **813-282-1115**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)