

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

SECRETARY OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # H19256

(7)

95 JUN 15 11:49

1. Corporation Name

KEY COMMERCIAL REALTY INC.

Principal Place of Business

**210 PARK AVENUE
SUITE 14
WINTER PARK FL 32789**

Mailing Address

**210 PARK AVENUE
SUITE 14
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/04/1984

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2961567

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 8427 INDIAN WELLS CT.

2a. Mailing Address

28 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 ORLANDO, FLORIDA

City & State

28

Zip

24 32819

Country

25 U.S.A.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**HISS, ALFRED L.
8427 INDIAN WELLS CT.
ORLANDO FL 32819**

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 of applicant

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCGOWAN, FONDA L.
STREET ADDRESS	843 WINDOVER COURT
CITY - ST - ZIP	NEW SMYRNA BCH FL
TITLE	D
NAME	CURRY, JOHN
STREET ADDRESS	200 ST ANDREWS BLVD 2301
CITY - ST - ZIP	ORLANDO FL
TITLE	PD
NAME	HISS, ALFRED L.
STREET ADDRESS	843 WINDOVER COURT
CITY - ST - ZIP	NEW SMYRNA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	VICE PRESIDENT
2.3 STREET ADDRESS	8614 PEPPER CORN DRIVE
2.4 CITY - ST - ZIP	TONY BELL 32825
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 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)(b), 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:

Alfred L. Hiss, Pres.

Date

4/10/95

Signature (Print Name)

407 363-9720

CR2E034 (3/95)