

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

FILED

Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H73592** (8)  
1. Corporation Name  
**KEY ROSE, INC.**



Principal Place of Business <b>% GEORGE R. HOLLINGSWORTH II 499 STATE ROAD 434, SUITE 2179 ALTAMONTE SPRINGS FL 32714</b>	Mailing Address <b>% GEORGE R. HOLLINGSWORTH II 499 STATE ROAD 434, SUITE 2179 ALTAMONTE SPRINGS FL 32714</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>499 N. ST. RD 434</b> Suite, Apt. #, etc. 22 <b>Suite 2179</b> City & State 23 <b>Altamonte Springs FL</b> Zip 24 <b>32714</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>499 N. ST. RD 434</b> Suite, Apt. #, etc. 27 <b>Suite 2179</b> City & State 28 <b>Altamonte Springs FL</b> Zip 29 <b>32714</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>08/26/1985</b>	4. FEI Number <b>59-2585524</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

9. Name and Address of Current Registered Agent

**HOLLINGSWORTH, GEORGE R., II  
499 STATE RD 434  
SUITE 2179  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name <b>George R Hollingsworth II</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>499 N. ST. RD 434</b>
83 <b>Suite 2179</b>	84 City <b>Altamonte Springs FL</b>
85 Zip Code <b>32714</b>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PDS</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PDS</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HOLLINGSWORTH, GEORGE R.</b>		1.2 NAME <b>Hollingsworth, George Scott</b>	
STREET ADDRESS <b>499 ST. RD. 434, STE. 2179</b>		1.3 STREET ADDRESS <b>499 N. ST. RD. 434 Suite 2179</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>		1.4 CITY-ST-ZIP <b>Altamonte Springs, FL 32714</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>Stephanie Hollingsworth</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>D S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>Hollingsworth, Stephanie</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>499 N. ST. RD 434 Suite 2179</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Altamonte Springs FL 32714</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>VP DT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME <b>Hollingsworth, George R. II</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>499 N. ST. RD. 434 Suite 2179</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Altamonte Springs, FL 32714</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 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 in an attachment with an address.

SIGNATURE:

*George R Hollingsworth II* **407-504-9600**

CR2E034 (10/97)