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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J13338 (5)

KEY LA	AND COM	PANY, INC.					
Principal Place of Business Mailing Address						1 1991118 3101 11983 11198 11199 1118(1911 3101)	81811 G1911 G1911 G1811 91811 1881
524 FERNWOOD RD KEY BISCAYNE FL 33149 524 FERNWOOD RD KEY BISCAYNE FL 33149					DO NOT WRITE IN THIS SPACE		
						 Date Incorporated or Qualified 05/05/1986 	
2. Principal P	lace of Busin	ness	2a. Mailing Address			4. FEI Number	Applied For
21			26			59-2669787	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City 8 Ctat			City & State				Fee Required
City & Stat	16		28			6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	_	Country	Zip	Count	ry	8. This corporation owes or has paid the	
24		25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name	and Address of Curr	rent Registered Agent			10. Name and Address of New Registe	red Agent
	JILARTE, O			8	1 Name		
	4 FERNWO	IOD RD NE FL 33149		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
N.C.	I BISCAII	10 (0 33)48	ck # 5992	8	3		
			ml. 115/a8	8	4 City		EL 85 Zip Code
11. Pursuant	to the provis	ions of Sections 607.0	0502 and 607.1508. Florida Statut	es, the abo	ve-named cor		
office or r	registered ac	ent, or both, in the Sta	ate of Florida. Such change was	authorized	by the corpora	rporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as registered
	in ianimai w	2	electer (OLLA	GUILAR	TE \ 01/0.	c/98
SIGNATURE	Signature, typed	or profed name of registered	agent and title if applicable (NO)			ured what reinstating) DA	TE /
12.		OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE		··· •		1.1 THEE	1		Change Addition
NAME	WAKEFIELD, THOMAS H.			1.2 NAM			
STREET ADDRESS	CODAL CARLED EL		1.3 STREET ADDRESS				
CITY-ST-ZIP		CORAL GABLES FL PD		1.4 CITY			Change Addition
TITLE	1	- -		2.1 TITLE			
HAME	REBOZO, C.G. 524 FERNWOOD RD		2.2 NAM				
STREET ADDRESS		KEY BISCAYNE FL			ET ADDRESS		
CITY-ST-ZIP TITLE	VPS			2.4 CITY 3.1 TITLE			Change Addition
		ITE, OLGA	L. otten	3.2 NAM			
NAME		RNWOOD RD		•	ET ADDRESS		
STREET ADDRESS	KEY BISCAYNE FL						
CITY-\$T-ZIP TITLE	KLI DI	JOATHE I E	DELETE	3.4. C(T) 4.1 T(T)			Change Addition
			L. J Veceri	4. 2 NAM			
NAME PERCET ADDRESS				ı	ET ADDRESS		
STREET ADDRESS	İ			4.4 CITY			
CITY-ST-ZIP TITLE	 	<u></u>	DELETE	5.1 TITLE			Change Addition
				5.2 NAM			_ · · -
NAME	1			O.E. HPAIN	- 1		
	1			5.3 CTRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				5.3 STRE 5.4 CITY	ET ADDRESS		

14. Thereby 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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY - ST - ZIP

305)365-0099

FILED

Jan 20 1998 8:00am

Secretary of State