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 # K70849

(0)

KEY BUSINESS BROKERS, INC.

FILED	
May 07 1998 8:00an	n
Secretary of State	

	NET DOGINEOU	DIOREIO, I	110.								
Pri	ncipal Place of Busines	SS		Mailing Address	·				1 1001861 011 10011 80161 10311 61010 1011 61611 01811 01011 01011 01011 01011 1031		
Ι.	51 N. TAMIAMI TR., #3			9051 NORTH TAMIAMI TRAIL							
	VRASOTA FL 34243	-		38					DO NOT WRITE IN THIS SPACE		
				SARASOTA FL 3	34243				3. Date Incorporated or Qualified		
				00					03/07/1989		
2.	Principal Place of Busi	noss	2	a. Mailing Addr	ess				4. FEI Number Applied For		
21			26						65-0110966 Not Applicable		
	Sulte, Apt. #, etc.		-	Suite, Apt. #, etc.				1	5. Certificate of Status Desired \$8.75 Additional		
22	City & State		27	City & State					Fee Required 6. Election Campaign Financing \$5.00 May Be		
23			28	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
	Zip	Country		Zip	c	ountry			8. This corporation owes or has paid the current year Intangible		
24	- No.	25	29		30				Personal Property Tax due June 30. Yes No		
┢		and Address of	Current Heg	istered Agent		81	Nar		10. Name and Address of New Registered Agent		
	JOHNSTON,	gary l Iami Tr., Suite	#00								
	SUITE 13	IAMI IK., SUITE	#30			82	Stre	et Addres	ess (P.O. Box Number is Not Acceptable)		
	SARASOTA F	L 34243				83					
		201210				84	City		85 Zip Code		
									FL T		
ł	NATURE						_		oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
12.		d or printed name of regis	RS AND DIR		(NOTE: Regist		nt signa	ture required	d when reinsteting) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITL		OTTIOL	MO MAD DIT	□ DE		TITLE			Change Addition		
NAM		TON, GARY L			1.3	2 NAME			_ · _		
STRE		TH ST CT NW			1.3	STREE1	ADDRE	ss			
		NTON FL				CITY-S	T-ZIP				
TITLE			[] DE					☐ Change ☐ Additio			
NAM	·					NAME					
l	ET ADDRESS					STREET		SS			
CITY-ST-ZIP			DE		2. 4 CITY - 3.1 TITLE		 	Change Addition			
NAM	E					2 NAME					
STR	ET ADDRESS				3.3	STREET	ADDRE	ss			
CITY	-ST-ZIP					. CITY - S	T-ZIP	<u> </u>			
TITU				[_] DE		TITLE			Change Addition		
NAM	· I					2 NAME					
ļ	ET ADDRESS					STREET		SS			
TITU	-ST-ZIP			☐ DE		CITY-S	1 - ZIP	_+	Change Addition		
NAM	1					NAME					
STRE	ET ADDRESS				ſ	STREET	ADDRE	ss			
ı	-ST-ZIP				5.4	CITY-S	1 - ZIP				
TITL				☐ DE	LETE 6	TITLE			Change Addition		
NAM	E				6.2	NAME					
1	ET ADORESS				6.3	STREET	ADDRE	is			
_	-ST-ZIP	o information com	والمام المامانين المامانين	filing done not		CITY-S		atod is Co	Continu 110 07/2)/// Elorida Ctatutas Lusther and Lu		
'•	Indicated on this annu	ual report or suppl he corporation or t	lemental annu the receiver o	ual report is true or trustee empow	and accurate a ered to execut	and the	at my	signature	Section 119.07(3)(i), Fiorida Statutes. I further certify that the information e shall have the same legal effect as if made under oath; that I am an ired by Chapter 607, Florida Statutes; and that my name appears in		

SIGNATURE: Mary - Columba, Con L. Johnston 4-29-98 941-3519419