


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90011 032 \*\*\*550.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K80422**

1. Corporation Name  
**KEYSTONE BUILDING, INC.**

Principal Place of Business 5399 N DIXIE HWY FT. LAUDERDALE FL 33334	Mailing Address 5399 N DIXIE HWY FT. LAUDERDALE FL 33334
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DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		City & State		Zip	
Country		Country		Country		Country		Country	

3. Date Incorporated or Qualified <b>04/14/1989</b>
4. FEI Number <b>65-0121815</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**COHEN, ALBERT**  
**2821 NE 55TH PL**  
**FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name **ALBERT JACK COHEN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**370 JEFFERSON DRIVE APT 106**

83

84 City **DEERFIELD BEACH** FL 85 Zip Code **33442**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 \_\_\_\_\_ DATE **7/1/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>COHEN, ALBERT J.</b>	
STREET ADDRESS	<b>2821 NE 55TH PLACE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>COHEN, ALBERT JACK</b>	
1.3 STREET ADDRESS	<b>370 JEFFERSON DRIVE APT 106</b>	
1.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33442</b>	

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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE **7/1/99** Daytime Phone # **954-776-6262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)