

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 4:25

DOCUMENT # K88895

(3)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

SOUTHERN KEYS, INC.

Principal Place of Business

C/O PERLMAN & FABER, P.A.
799 BRICKELL PLAZA, SUITE 900
MIAMI FL 33131
US

Mailing Address

C/O PERLMAN & FABER, P.A.
799 BRICKELL PLAZA, SUITE 900
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date for preparation of Report

05/17/1999

3a. Date of Last Report

05/01/1994

4. FID Number

65-0223304

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. This corporation has liability for intangible tax under Chapter 205, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

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2a. Mailing Address

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERLMAN AND FABER, P.A.
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131

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 602, 603, and 607, 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 (1)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Filing

DATE

12. OFFICERS AND DIRECTORS

NAME	DPTS
NAME	PERLMAN, GEORGE D.
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 900
CITY	MIAMI FL
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. NAME	☐ Change ☐ Add New
2. STREET ADDRESS	
3. CITY	
4. NAME	
5. STREET ADDRESS	
6. CITY	
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	
16. NAME	
17. STREET ADDRESS	
18. CITY	
19. NAME	
20. STREET ADDRESS	
21. CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.03(4)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I were under oath. That I am an officer or director of this corporation or the receiver or trustee empowered to receive the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 14 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE D. PERLMAN

4/25/95