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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90126 009 ***150.00

DOCUMENT # L11503 1. Corporation Name

KEY RESOURCE ENTERPRISES, INC.



Principal Place	e of Business	Mailing Address								
8632 N.W. 57 CT		P.O. BOX 8171								
CORAL SPRING	S FL 33067	CORAL SPRINGS FL 3	3075			DO NOT WR	ITE IN THIS	SPACE		
						3. Date Incorporated or Qualifec				
						08/25/1989				
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		11	Applied For	
21	lace of Dagmess	26				65-0138476			Not Applical	ole
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.7	5 Additional	
22	•	27				5. Certificate of Status Desired		Fee	Required	
City & State	0	City & State				=6. Election Campaign Financing		*** \$5:0	0 May Be	<u>s</u> =
23		28				Trust Fund Contribution		Add	ed to Fees	
Zip	Country	Zip	Cou	untry		8. This corporation owes the cur	rrent year Int		_	
24	25	29	30			Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Curr	ent Registered Agent		ļ.,		10. Name and Address of New	Registered	Agent		_
				81 1	Name					
	.DS. KENNETH R			82 5	Street Addre	ss (P.O. Box Number is Not Accep	table)			
	2 N.W. 57 CT									
LOH	IAL SPRINGS FL 33067			83						
}				84 (City		FL	85 Z	ip Code	
			4-1-1	ļL.				changing	ite registere	_
) office or re	to the provisions of Sections 607.09 egistered agent, or both, in the Stat	e of Florida. Such change w	ras authorize	above-n ed by the	named corpo e corporatior	ration submits this statement for the a's board of directors. I hereby acce	ept the appoi	intment as	registered	٠,
agent. I a	m familiar with, and accept the obliq	gations of, Section 607.0505	i, Florida Stat	tutes.						
agent. I a			, Florida Sta	tutes.						
agent. I a	Signature, typed or printed name of registered a	gent and title if applicable.	, Florida Stat	tutes. Id Agent si		when reinstating)	DATE			
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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 on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS