FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (4)**DOCUMENT #** 1. Corporation Name KEY INVESTMENT HOLDINGS CORP. Mailing Address Principal Place of Business 610 BELLE ISLE AVENUE 1560 GULF BOULEVARD **BELLEAIR BEACH FL 34634 CLEARWATER FL 34630** US 3a. Date of Last Report 3. Date Incorporated or Qualified 03/28/1995 12/19/1989 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2986009 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired П Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zip Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Roberta D • Kaplan
Street Acldress (P.O. Box Number is Not Acceptable) ROBERTA DENNIS KAPLAN 82 610 BELLE ISLE AVENUE 83 **BELLEAIR BEACH FL 34634** Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 507.1508. 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** (NOTE: Fw.) stered April alignature recurred when to not thing-Signature, typed or princip name of registered again, as a too if apply abid ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIFFCTORS 13. 12. Change Add tien DELE IE 1.111116 TITLE COBB, TED 1.2 NAME NAME 11556 TRADEWINDS BLVD 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 1.4 CITY - ST - ZIP CITY-ST-ZIP **KX** Change Addition DELETE 2.17(1) 5 VOS TITLE Kaplan, Roberta D. KAPLAN, ROBERTA DENNIS 2.2 NAME NAME 610 BELLE ISLE AVENUE 2.3 STREET ADDRESS STREET ADDRESS BELLEAIR BEACH FL 2 4 CHTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 THILE TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 700001797647 4.4 CITY - ST - 7-P CITY - ST - ZIP -04/29/96--01025--007Change Addition DELETE 5 'THILE TITLE ***200.00 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C-TY - \$1 - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6 11111 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - S1 - ZIP 14. I do hereby certify that the information supplied with this filing is vokinitarily turnished and does not quelify for the exeruption stated in Section 113.07(3)(k), Florida Statutes. I further certify that the information indicated op his armua, report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under coats; that I am an officer or director of the porporation 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 charters, or on all attactories truth an address.

SIGNATURE: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROberta D. Kaplan, Vice President

(813) 595-0361

Daitime Phone #

(12/95)

CR2E034