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PROFIT CORPORATION ANNUAL REPORT

1998

ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L57702

DELETE

DELETE

KEY INDUSTRIES, INC.

CLEARWATER FL 34622

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business Mailing Address 4695 ULMERTON SUITE 370 13555 AUTOMOBILE BLVD DO NOT WRITE IN THIS SPACE **CLEARWATER FL 34622** 3. Date Incorporated or Qualified US 03/12/1990 2. Principal Place of Business 2a. Mailing Address Applied For 5400 1st Ave North 21 5400 1st Ave 59-2998438 Not Applicable Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes ∏ No 10. Name and Address of New Registered Agent Address of Current Registered Agent 81 Name ANDREWS, LANCE 696 FIRST AVE N FOURTH FLOOR 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33701 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition **WURTS, R PAGE** 1.2 NAME 7777 BAYSHORE DRIVE STREET ADDRESS 1.3 STREET ADDRESS TREASURE ISLAND FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition 21 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP

Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE 4 2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

3.4 CITY-ST-2IP

4. 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 ennual 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 an an attachment with an address. supplied with ints fining does not quality for the exemption stated in section (1) (7)(1), Profit a statutes. Finding certifying that the information uppliemental 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 our the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address.

SIGNATURE:

813-322-1155

Change

CR2E034

Addition

Addition

FILED

Apr 21 1998 8:00am

Secretary of State