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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # L69513** 1. Corporation Name

KEY FIGHT INC

**FILED** Jan 27, 1999 8:00am **Secretary of State** 

01-27-1999 90040 049 \*\*\*150.00



NET EIGI	11, 1110.							
Principal Place	of Business	Mailing Address				1		
7129 N. BRENTWOOD RD.		7129 N. BRENTWOOD RD.						
FT MYERS FL 33919		FT MYERS FL 33949				DO NOT WRITE IN THIS SPACE		
US		US .				3. Date Incorporated or Qualifed		
						05/01/1990		21
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	\ <del>-\-</del>	oplied For
<del>-</del> -7		26				65-0225323		ot Applicable
21   Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.	•			5. Certificate of Status Desired		Additional equired
22		27 City & State				6. Election Campaign Financing	\$5.00	May Be
City & State	•	City & State				Trust Fund Contribution		to Fees
23	Oti	<b>28</b> Zip	Cou	untry		8. This corporation owes the curr	ent year Intangible	· ·
Zip	Country	<del>-</del>	30	,		Personal Property Tax.	¥Yes	□No
24	9. Name and Address of Curren	29 Agent	[30]	$T^-$		10. Name and Address of New F	Registered Agent	
	9. Name and Address of Curren	it itegistered Agoni.	-	81	Name			
	DYS A. FIELDS			82	Street An	ddress (P.O. Box Number is Not Accepta	able)	
7129 N. BRENTWOOD RD.				"	Oli COL 710	w Medition (Co.) Boards 10 Co. Sec. Sec.	mark on a section with a first country	<del>Sarahanata -</del>
FT M	YERS FL 33919			83				
	• •	•		84	City	orporation submits this statement for the ation's board of directors. I hereby acce	FL [ ]	Code
ार्थ agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	ALIONS OI, SECTION GOV.0000,	I IOIIIGG OW	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		orporation submits this statement for the ation's board of directors, I hereby acce		
SIGNATURE	Signature, typed or printed name of registered age		OTE: Registere	ed Agen		uired when remetating) / ** 5/2	DATE	ORS IN 12
SIGNATURE		ont and title if applicable. (NO	OTE: Registere	ed Agen		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	
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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.