

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L77444 (2)**
1. Corporation Name
KEY/FORREST, INC.



Principal Place of Business 8498 RIDGEWOOD AVENUE SUITE 2202 CAPE CANAVERAL FL 32920 US	Mailing Address 8498 RIDGEWOOD AVENUE SUITE 2202 CAPE CANAVERAL FL 32920 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18 ROCKLEDGE AVE Suite, Apt. #, etc. 22 City & State 23 ROCKLEDGE, FL Zip 24 32955 Country 25 US	2a. Mailing Address 26 18 ROCKLEDGE AVE Suite, Apt. #, etc. 27 City & State 28 ROCKLEDGE, FL Zip 29 32955 Country 30 US
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3. Date Incorporated or Qualified 06/04/1990	Applied For Not Applicable
4. FEI Number 54-1101063	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FORREST, AMBER
8498 RIDGEWOOD AVENUE
SUITE 2202
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent
81 Name same
82 Street Address (P.O. Box Number is Not Acceptable) 18 ROCKLEDGE AVE
83
84 City ROCKLEDGE FL 85 Zip Code 32955

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  **AMBER FORREST** 1/26/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORREST, AMBER CAROLINE	1.2 NAME	same
STREET ADDRESS	8498 RIDGEWOOD AVENUE	1.3 STREET ADDRESS	18 ROCKLEDGE AVE
CITY-ST-ZIP	CAPE CANAVERAL FL	1.4 CITY-ST-ZIP	ROCKLEDGE, FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:  **AMBER FORREST** 1/26/98 407-690-1820

CR2E034 (10/97)