

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 29 AM 11:32

DOCUMENT # **L78929 (1)**  
1. Corporation Name  
**KEY INVESTMENT DEVELOPMENT CORP.**

Principal Place of Business Mailing Address  
**1310 GULF BLVD. #3A CLEARWATER FL 34630** **1310 GULF BLVD. #3A CLEARWATER FL 34630**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/08/1990** 3a. Date of Last Report **03/21/1994**  
4. FEI Number **59-3019797** Applied For  Not Applicable  
5. Certificate of Status Desired  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1560 Gulf Boulevard** 26 **610 Belle Isle Avenue**  
State, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **Clearwater, FL** 28 **Belleair Beach, FL**  
Zip Country Zip Country  
24 **34630** 25 Country 29 **34634** 30 Country

9. Name and Address of Current Registered Agent  
**KAPLAN, ROBERTA DENNIS**  
**1310 GULF BLVD. STE #3A**  
**CLEARWATER FL 34630**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**610 Belle Isle Avenue**  
B3  
B4 City **Belleair Beach** FL B5 Zip Code **34634**

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 agent 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 mandating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COBB, TED</b>	1.2 NAME	
STREET ADDRESS	<b>11558 TRADEWINDS BLVD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LARGO FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VSD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAPLAN, ROBERTA DENNIS</b>	2.2 NAME	
STREET ADDRESS	<b>1310 GULF BLVD. #3A</b>	2.3 STREET ADDRESS	<b>610 Belle Isle Avenue</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>	2.4 CITY - ST - ZIP	<b>Belleair Beach, FL 34634</b>
TITLE	<b>VI</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAPLAN, STEPHEN S</b>	3.2 NAME	
STREET ADDRESS	<b>1310 GULF BLVD #3A</b>	3.3 STREET ADDRESS	<b>610 Belle Isle Avenue</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>	3.4 CITY - ST - ZIP	<b>Belleair Beach, FL 34634</b>
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 it 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, changed or left unattached with an address.

SIGNATURE: *X Roberta D. Kaplan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Roberta D. Kaplan, Vice President**

3/20/95 (813) 595-0361  
X