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**May 14 1997 8:00am
Secretary of State**



**PROFIT CORPORATION
ANNUAL REPORT
1997**

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

DOCUMENT # L78929 (1)

1. Corporation Name
KEY INVESTMENT DEVELOPMENT CORP.



Principal Place of Business: **1560 GULF BOULEVARD
CLEARWATER FL 34630
US**
Mailing Address: **610 BELLE ISLE AVENUE
BELLEAIR BEACH FL 33786-3614
US**

3. Date Incorporated or Qualified: **06/08/1990** 3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-3019797** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 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: **21 1555 E. BAY DR.** Suite, Apt. #, etc.: **22 SUITE H** City & State: **23 LARGO, FL.** Zip: **24 33771** Country: **25**
2a. Mailing Address: **26 1555 E. BAY DR.** Suite, Apt. #, etc.: **27 SUITE H** City & State: **28 LARGO, FL.** Zip: **29 33771** Country: **30**

9. Name and Address of Current Registered Agent
**KAPLAN, ROBERTA D
610 BELLE ISLE AVENUE
BELLEAIR BEACH FL 34634**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1555 E. BAY DR
83 SUITE H
84 City **LARGO** **85 Zip Code** **FL 33771**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, TED	1.2 NAME	
STREET ADDRESS	11556 TRADEWINDS BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, ROBERTA D	2.2 NAME	
STREET ADDRESS	610 BELLE ISLE AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, STEPHEN S	3.2 NAME	
STREET ADDRESS	610 BELLE ISLE AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BEACH FL	3.4 CITY - ST - ZIP	
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 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: *Robert D. Cobb* **REQUIRED** **4/28/97** **813-518-9444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)