

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

FILED

May 14 1997 8:00am
Secretary of State

| | | |
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| 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.



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|--|---|
| Principal Place of Business 1560 GULF BOULEVARD CLEARWATER FL 34630 US | Mailing Address 610 BELLE ISLE AVENUE BELLEAIR BEACH FL 33786-3614 US |
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|--|--|
| 3. Date Incorporated or Qualified 06/08/1990 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3019797 | Applied For <input type="checkbox"/> Not Applicable |
| 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 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 | 2a. Mailing Address 26 1555 E. BAY DR. Suite, Apt. #, etc. 27 SUITE H City & State 28 LARGO, FL. Zip 29 33771 Country |
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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:  **REQUIRED** **4/28/97** **813-518-9444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)