FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

DOCUMENT # M10910 (1)

KEYS COVE MARINE, INC.

1301 BAY TERRACE
N. BAY VILLAGE FL 33141

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N. BAY VILLAGE FL 33141

3. Date Incorporated / Qualified: 02/04/1985

3a. Date of Last Report: 02/25/1994

4. FEI Number: 59-2493310 — 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. Does the corporation owe any outstanding taxes or penalties under Florida Statutes? X Yes No

21 20832 SAN SIMEON WAY — 26 20832 SAN SIMEON WAY

22 APT 39B — 27 APT 39B

23 N MIAMI BEACH, FL — 28 N. MIAMI BEACH, FL

24 33179 — 25 DADE — 29 33179 — 30 DADE

9. Name and Address of Current Registered Agent

PINES, IRWIN
1301 BAY TERRACE
N. BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): 20832 SAN SIMEON WAY, APT 39B

83

84 City: N MIAMI BEACH FL — 85 Zip Code: 33179

11. Pursuant to the provisions of Section 607.0505, 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. The business address of the registered agent and the address of the registered office and the business address of the registered agent are identical. The corporation's board of directors hereby accept the appointment as registered agent. I am familiar with and accept the obligations of registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

P
PINES, IRWIN P.
1301 BAY TERRACE
N. BAY VILLAGE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☐ Add

P D
Pines, Irwin
20832 SAN SIMEON WAY, APT 39B
N. MIAMI BEACH FL 33179

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: Pres 4/24/95 (305)653 2828

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Irwin Pines

0150401 CP