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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**POCUMENT #** M10910

(1)

KEYS COVE MARINE, INC.

## **FILED** May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				( JOORGON) TO LEFUL ROUSE LOUD! TITUL ORGI ALDIA OTONI ALDIA		
1390 NE 162ND ST 1390 NE 162ND ST						
APT 598 N MIAMI BEACH FL 3310			2			DO NOT WRITE IN THIS SPACE
N. MIAMM BCH FL 33162 US US						3. Date Incorporated or Qualified
						02/04/1985
2. Principal Place of Business 2. Mailing Address						4. FEI Number Applied For
21		26				<b>59-2493310</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & Stat	0	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country		Country .		•	8. This corporation owes or has paid the current year Intangible
24	25	29	30]			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
-	9. Name and Address of Curre	iur vadrėraiao vdaur		81	Name	In. Halle Bilo Address of Heat Hetheren Agent
PINES, IRWIN				Ш		
1390 NE 162ND ST				82	Street Ad	dress (P.O. Box Number is Not Acceptable)
APT 59-B				83		, , , , , , , , , , , , , , , , , , , ,
N.	MIAMI BCH FL 33162	•		Ш		
				84	City	FL  85   Zip Code
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		- <del></del>				
Signature, typed or printed name of registered agent and title if applicable (NOTI  12. OFFICERS AND DIRECTORS				Registered Agent eignature require 13.		uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P OFFICERS AI	DELETE	1.1 TD	TIF	т-	☐ Change ☐ Addition
NAME	PINES, IRWIN P.		1.2 N/		-	
STREET ADDRESS	1390 NE 162ND ST		1.3 STREET ADDRESS		ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH FL		1.4 CITY-ST-ZIP		ł	
TITLE	T DELETE		21 TITLE			Change Addition
NAME	FRANK C BECK		2.2 NAME			
STREET ADDRESS	1390 NE 162ND ST		235		ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL		2.4C	ity-s	ST - ZIP	
TOTLE	S DELETE		3.1 TITLE		1	Change Addition
NAME	MICHAEL PINES		3.2 N	AME	1	
STREET ADDRESS	1390 NE 162ND ST		3.3 \$1	TREET	ADDRESS	
CITY-ST-ZIP	N. MAMI BCH FL		3 4. CITY-ST-ZIP		ST-ZIP	Change
TITLE		☐ DELETE	4.1 Tr			Change Addition
NAME			4.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 Cf 5.1 Tf		1 - ZIP	☐ Change ☐ Addition
NAME			5.2 N/			C. Stally
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				TY-\$1		
TITLE		☐ DELETE	6.1 TI		<del>"</del>	☐ Change ☐ Addition
NAME			6.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-74P			6.4 CI	ITY-S	T-ZIP	
14. I hereby	certify that the information supplied	with this filing does not qualify f	or the exe	empl	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
14. I hereby certify that the information supplied with this filing dose 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 of the receiver or trustee empoyered 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.						