FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Hards (spredted) ÂNNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 99 NOV 10 AM 9: 48 **DOCUMENT # M24574** SECRETARY OF STATE
TALLAHASSEE. FLORIDA 1. Corporation Name FLORIDA KEYS ENTERPRISES, INC. Principal Place of Business Mailing Address 111 BRINY AVE PH 8 111 BRINY AVE PH 8 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 12/13/1985 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2611394 Not Applicable Suite, Apt. #, etc Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 $Z_{\rm IP}$ Zip Country 8. This corporation owes the current year Intangible 25 30 Yes Yes 24 29 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLACKMAN, SHEILA 82 111 BRINY AVENUE **PENTHOUST 8** 83 POMPANO BEACH FL 33062 ****758 75 ****758.75 | 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 tamilar with and accept the objections of, Section 607.0508. Florida Statutes.

SIGNATURE

SHOULD BY A Company of the corporation of the corporation of the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am taking the provisions of Section 607.0508. Florida Statutes.

SIGNATURE

Minutes by pad or ponder of registered symmetric accidents. (NOTE Registered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 * j. p DELETE 1 1 TITLE Change ☐ Addition BLACKMAN, SHEILA N488 1.2 NAME 111 BRINY AVENUE #PH8 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL Car-St-Za 1.4 CITY-ST-ZIP T "LF [] DELETE 2.1 TITLE Change Addition NAME 22 NAME 2.3 STREET ADDRESS SARFET ADDRESS CHY ST ZE 2.4 CITY-ST-ZIP [] DELETE Change Addition TOLE 3.1 TITEF NAM 3.2 NAME 3.3 STREET ADDRESS STREET LADDRESS CHY-51-26 34. CITY-ST-ZIP [DELETE 4.1 TITLE ☐ Change ☐ Addition THEF NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZE 4.4 CITY-ST-ZIP DELETE THILE 5.1 TITLE Change ☐ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORES 5.4 CITY-ST-ZIP CHY-51-26 DELETE 61 TITLE Change Addition TILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 b shapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charges, or oyean attagriment with an address, with all other like empowered.

SIGNATURE: