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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **M26757** **(8)**

1. Corporation Name

KEY CHAIN, INC.

Principal Place of Business	Mailing Address
93351 OVERSEAS HIGHWAY TAVERNIER FL 33070	93351 OVERSEAS HIGHWAY TAVERNIER FL 33070

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/31/1986	04/22/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☐ Applied For
21	26	59-2663271	☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FROST, IRWIN M. 1200 BRICKELL AVENUE 8TH FLOOR MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GERARD, MONTE M	12 NAME	
STREET ADDRESS	93351 OVERSEAS HWY	13 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, JULIAN C.	22 NAME	
STREET ADDRESS	93351 OVERSEAS HWY.	23 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	DAY, CAVERLY G.	32 NAME	
STREET ADDRESS	93351 OVERSEAS HWY.	33 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MILLIE, ELENA G.	42 NAME	
STREET ADDRESS	93351 OVERSEAS HWY.	43 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COBB, BRIAN E.	52 NAME	
STREET ADDRESS	93351 OVERSEAS HWY.	53 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Julian Gonzalez 3/31/95 305-852-9085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

011020 CP