

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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
**93351 OVERSEAS HIGHWAY
TAVERNIER FL 33070**

Mailing Address
**93351 OVERSEAS HIGHWAY
TAVERNIER FL 33070**

3. Date Incorporated or Qualified
01/31/1986

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2663271

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**FROST, IRWIN M.
1200 BRICKELL AVENUE
8TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature typed or printed name of registered agent and the corporation

(If not Registered Agent's signature, print after "I hereby")

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GERARD, MONTE M	
STREET ADDRESS	93351 OVERSEAS HWY	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JULIAN C.	
STREET ADDRESS	93351 OVERSEAS HWY.	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	DAY, CAVERLY G.	
STREET ADDRESS	93351 OVERSEAS HWY.	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLIE, ELENA G.	
STREET ADDRESS	93351 OVERSEAS HWY.	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COBB, BRIAN E.	
STREET ADDRESS	93351 OVERSEAS HWY.	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAY, JOEL B.	
STREET ADDRESS	93351 OVERSEAS HWY	
CITY-ST-ZIP	TAVERNIER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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:

JOEL B. DAY, PRES.

4-16-96

305-852-9085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)