

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M28201 (5)

1. Corporation Name
KEYCON, INC.

**APPROVED
AND
FILED**

95 APR 24 PM 4:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**C/O CONNOR
141 SE 3RD AVE #601
DANIA FL 33004
US**

Mailing Address

**C/O CONNOR
141 SE 3RD AVE #601
DANIA FL 33004
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

03/03/1986

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2643007

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CONNOR, RICHARD M SR
141 SE 3RD AVE
#601
DANIA FL 33004**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CONNOR, RICHARD M., SR.
STREET ADDRESS	141 S.E. 3 AVE., #601
CITY-ST-ZIP	DANIA FL
TITLE	VS
NAME	CONNOR, KEVIN E
STREET ADDRESS	620 N.E. 10TH AVENUE #202
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TS
NAME	CONNOR, RICHARD M JR
STREET ADDRESS	148 NE 1ST AVE
CITY-ST-ZIP	DANIA FL
TITLE	AST
NAME	CONNOR, PAUL F.
STREET ADDRESS	5800 SUNSET
CITY-ST-ZIP	LAGRANGE IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1217 N.E. 13TH AVE
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 addresses.

SIGNATURE:

Richard M. Connor, SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD M. CONNOR, SR.

4/12/95

305-923-4953
(Daytime Phone)