

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 # **M72558** (3)

1. Corporation Name

**KEY FIRE HOSE CORPORATION**



Principal Place of Business

**1150 NW 72 STREET  
MIAMI FL 33150  
US**

Mailing Address

**PO BOX 16600  
PLANTATION FL 33318  
US**

3. Date Incorporated or Qualified  
**03/18/1988**

3a. Date of Last Report  
**02/06/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**65-0035362**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GENTHNER, CHARLES S.  
1150 NW 72 ST.  
MIAMI FL 33150**

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **D** ☐ DELETE  
NAME **GENTHNER, CHARLES S.**  
STREET ADDRESS **1150 NW 72 STREET**  
CITY-ST-ZIP **MIAMI FL**

13. 1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **GENTHNER, TENA M.**  
1.3 STREET ADDRESS **10924 NW 12TH COURT**  
1.4 CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE **D** ☐ DELETE  
NAME **BERNHARDT, JAY G.**  
STREET ADDRESS **115 METROPOLITAN DRIVE**  
CITY-ST-ZIP **LIVERPOOL NY**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **EMMONS, DAVID J.**  
STREET ADDRESS **115 METROPOLITAN DRIVE**  
CITY-ST-ZIP **LIVERPOOL NY**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **ZYWICKI, ROBERT G.**  
STREET ADDRESS **115 METROPOLITAN DRIVE**  
CITY-ST-ZIP **LIVERPOOL NY**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **DONEGAN, LARRY**  
STREET ADDRESS **1150 NW 72ND STREET**  
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BELL, JERRY**  
STREET ADDRESS **530 SAN PADRO DRIVE**  
CITY-ST-ZIP **CHESAPEAKE VA**

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES S. GENTHNER**  
**PRESIDENT**

**1/23/96**

**305-696-1680**  
Daytime Phone #

CR2E034 (12/95)