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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 16800
PLANTATION FL 33318-6800
US**



3. Date Incorporated or Qualified
03/18/1988

3a. Date of Last Report
01/29/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0035362	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTHNER, CHARLES S.	1.2 NAME	
STREET ADDRESS	1150 NW 72 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNHARDT, JAY G.	2.2 NAME	
STREET ADDRESS	115 METROPOLITAN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVERPOOL NY	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMONS, DAVID J.	3.2 NAME	
STREET ADDRESS	115 METROPOLITAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVERPOOL NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZYWICKI, ROBERT G.	4.2 NAME	
STREET ADDRESS	115 METROPOLITAN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVERPOOL NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONEGAN, LARRY	5.2 NAME	
STREET ADDRESS	1150 NW 72ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JERRY	6.2 NAME	
STREET ADDRESS	530 SAN PADRO DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHESAPEAKE VA	6.4 CITY-ST-ZIP	

14. I do hereby 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/97 (305) 696-1680
Date Daytime Phone #

CR2E034 (9/96)