FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Mar 26, 2002 8:00 am Secretary of State

-26-2002 90096 009 ***150.00

DOCUMENT # MB1711 1. Entity Name Florida Key Chains, Fine-	Se.
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2. Project Floor of Guirrish Safe. Ap. M. etc. Saf			B0051442	
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Signature Status Desired Status De				DO NOT WRITE IN THIS SPACE
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IN THIS SPACE IN THIS SPACE CITY MI CAM FL			ourke, Anthony M.	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Initiangible Tax filing requirement and elects to do so. (See criterion aback) 11. OFFICERS AND DIRECTIONS TITLE 11. OFFICERS AND DIRECTIONS TITLE NAME STREET ADDRESS CITY-ST-2P TITLE TITLE NAME STREET ADDRESS CITY-ST-2P TITLE TITLE NAME STREET ADDRESS CITY-ST-2P TITLE TITLE			P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hyerd or sorred neared all registered agent and late if application hote if applic	IN THIS SPACE 10201		SW 125 AVA	
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See critical on back) 11. OFFICERS AND DIRECTORS TITLE 2. THE CONTROL OF SAME CONTROL OF	City			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1, Fee is \$50.00 Atter May 1, Fee is \$50.00	8. The above named entity submits this statement for	the purpose of changing its	registered office or register	ed agent, or both, in the State of Florida.
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1, Fee is \$50.00 Atter May 1, Fee is \$50.00				
After May 1. Fee is \$55.00 (See criteria on back) After May 1. Fee is \$55.00 Amended UBR is \$61.25 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	SIGNATURE Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signature required	When reinstating) DATE
TILE NAME STREET ADDRESS CITY-ST-2P	Tax filing requirement and elects to do so. (See printing an heal) After May 1, Fee is \$550.00 Amended UBR is \$61.25		Trust Fund Contribution. Added to Fees	
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r nereby dentity mad the information supplied with this failing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. O'Kourke 3/13/02 (305)279-5263