


NOW: FILING FEE IS \$61.25

FILED
Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001187 (2)

1. Corporation Name

KEYS COMMUNICATION GROUP, INC.



Principal Place of Business 720-B CAROLINE ST. KEY WEST FL 33040	Mailing Address P.O. BOX 992 KEY WEST FL 33041-0992
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3. Date Incorporated or Qualified 03/14/1995		3a. Date of Last Report 09/24/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
4. FEI Number 65-0452212		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MUNROE, CHARLES A 720-B CAROLINE ST. KEY WEST FL 33040		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	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNROE, CHARLES A	1.2 NAME	P
STREET ADDRESS	827 EISENHOWER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTKAMP, NANCY G	2.2 NAME	VP
STREET ADDRESS	1207 WILLIAM ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFREY, VANESSA	3.2 NAME	SD
STREET ADDRESS	P.O. BOX 4117 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33041	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORAN, DEBBIE	4.2 NAME	D
STREET ADDRESS	3132 NORTHSIDE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAFSON, JOEL	5.2 NAME	TD
STREET ADDRESS	P.O. BOX 14070 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33302	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	# BANVL
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *CPA* **Charles A. Munroe** (P) 01/07/97 (205) 202-2725

CR2E037 (9/96)