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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001187

1. Corporation Name

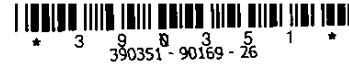
KEYS COMMUNICATION GROUP, INC.

Principal Place of Business

720-B CAROLINE ST.
KEY WEST FL 33040

Mailing Address

P.O. BOX 992
KEY WEST FL 33041



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/14/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0452212	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

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

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

Charles A. Munroe
Signature, typed or printed name of registered agent and title if applicable.

Charles A. Munroe, Pres
(NOTE: Registered Agent signature required when reinstating)

4/16/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNROE, CHARLES A	1.2 NAME	Steinman, Barry
STREET ADDRESS	827 EISENHOWER DR.	1.3 STREET ADDRESS	555 NE 34th St. Apt. 2202
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTKAMP, NANCY G	2.2 NAME	
STREET ADDRESS	1207 WILLIAM ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAFFREY, VANESSA	3.2 NAME	Baier, Michael
STREET ADDRESS	P.O. BOX 4117 N/A	3.3 STREET ADDRESS	Johnson Hill Rd.
CITY-ST-ZIP	KEY WEST FL 33041	3.4 CITY-ST-ZIP	Washington, MA 01235
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORAN, DEBBIE	4.2 NAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAFSON, JOEL	5.2 NAME	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Charles A. Munroe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)