


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State
 09-16-1999 90008 029 ****61.50

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006038

1. Corporation Name
HABITAT'S KEY'S SOLUTION, INC.

Principal Place of Business 25000 OVERSEAS HWY. SUMMERLAND KEY FL	Mailing Address C/O GERALD W. PLETAN. ESO. P.O. BOX 420008 SUMMERLAND KEY FL 33042
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/22/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PLETAN, GERALD W 25000 OVERSEAS HWY. SUMMERLAND KEY FL		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLETAN, GERALD W	1.2 NAME	<i>Treasurer</i>
STREET ADDRESS	P.O. BOX 420008	1.3 STREET ADDRESS	<i>Rick Casey</i>
CITY-ST-ZIP	SUMMERLAND KEY FL 33043	1.4 CITY-ST-ZIP	<i>POB 303 1919 Pine Key, FL 33043</i>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWY, BILL	2.2 NAME	
STREET ADDRESS	P.O. BOX 421003	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, PETER	3.2 NAME	
STREET ADDRESS	615 GREEN STREET NO. 13	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, JOHN	4.2 NAME	
STREET ADDRESS	70 E CAHILL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL 33043	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, DEWAYNE	5.2 NAME	
STREET ADDRESS	22386 LAFITTE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CUDJOE KEY FL 33042	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKIN, JOHN	6.2 NAME	<i>Secretary</i>
STREET ADDRESS	P.O. BOX 38	6.3 STREET ADDRESS	<i>John Larkin</i>
CITY-ST-ZIP	BIG PINE KEY FL 33043	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: *[Signature]* **NOTARIZATION REQUIRED** w Pletan 9/16/99 (305) 744-3389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0003248
CR2E037 (5/99)