

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 PM 12:44

DOCUMENT # N98000006638

1. Corporation Name
KEYS TO KENAI, INCORPORATED

Principal Place of Business
215 NW 40TH AVENUE
DELRAY BEACH FL 33445

Mailing Address
215 NW 40TH AVENUE
DELRAY BEACH FL 33445



2. Principal Place of Business 21 908 SE 15th Ct 22 Suite, Apt. #, etc.	2a. Mailing Address 26 908 SE 15th Ct 27 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11/18/1998
23 City & State Deerfield Beach	28 City & State Deerfield Beach	4. FEI Number 65-0879706
24 Zip 33441-7425	29 Country Broward	5. Certificate of Status Desired \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent SCHULTE, DAVID C 7341 ANADALE CIRCLE LAKE WORTH FL 33467		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent		7. Name 81
82 Street Address (P.O. Box Number is Not Acceptable) 7341 ANADALE CIRCLE LAKE WORTH FL 33467		83 City LAKE WORTH
84 Zip 33467		85 Zip Code 33467

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			
TITLE	NAME	TITLE	NAME
1. D	HOUGH, COLLEEN B	1.1 TITLE	1.1 NAME
2. D	SCHULTE, DAVID C	1.2 STREET ADDRESS	1.2 STREET ADDRESS
3. D	INGERSOLL, JOAN	1.3 CITY-ST-ZIP	1.3 CITY-ST-ZIP
4. Sandra Boland	9 ATRIUM CIRCLE, APARTMENT C	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
5. Sandra Boland	ATLANTIS FL 33462	2.1 TITLE	2.1 NAME
6. Sandra Boland		2.2 STREET ADDRESS	2.2 STREET ADDRESS
7. Sandra Boland		2.3 CITY-ST-ZIP	2.3 CITY-ST-ZIP
8. Sandra Boland		3.1 TITLE	3.1 NAME
9. Sandra Boland		3.2 STREET ADDRESS	3.2 STREET ADDRESS
10. Sandra Boland		3.3 CITY-ST-ZIP	3.3 CITY-ST-ZIP
11. Sandra Boland		4.1 TITLE	4.1 NAME
12. Sandra Boland		4.2 STREET ADDRESS	4.2 STREET ADDRESS
13. Sandra Boland		4.3 CITY-ST-ZIP	4.3 CITY-ST-ZIP
14. Sandra Boland		5.1 TITLE	5.1 NAME
15. Sandra Boland		5.2 STREET ADDRESS	5.2 STREET ADDRESS
16. Sandra Boland		5.3 CITY-ST-ZIP	5.3 CITY-ST-ZIP
17. Sandra Boland		6.1 TITLE	6.1 NAME
18. Sandra Boland		6.2 STREET ADDRESS	6.2 STREET ADDRESS
19. Sandra Boland		6.3 CITY-ST-ZIP	6.3 CITY-ST-ZIP
20. Sandra Boland		6.4 TITLE	6.4 NAME
21. Sandra Boland		6.5 STREET ADDRESS	6.5 STREET ADDRESS
22. Sandra Boland		6.6 CITY-ST-ZIP	6.6 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/99

561-964-3999