

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P29595

(6)

1. Corporation Name

INTELLIKEY CORPORATION

Principal Place of Business

551 S. APOLLO BLVD.  
SUITE 204  
MELBOURNE FL 32901

Mailing Address

551 S. APOLLO BLVD.  
SUITE 204  
MELBOURNE FL 32901-1274

3. Date Incorporated or Qualified

06/01/1990

3a. Date of Last Report

04/09/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

69-2959640

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VERGE WILLIAM  
551 S. APOLLO BLVD STE 204  
SUITE 204  
MELBOURNE FL 32901

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME  
CONN, JOHN L  
STREET ADDRESS  
551 S. APOLLO BLVD.  
CITY-ST-ZIP  
MELBOURNE FL

1.1 TITLE ☐ Change ☒ Addition

NAME  
DONALD BARR  
STREET ADDRESS  
551 S. APOLLO BLVD.  
CITY-ST-ZIP  
MELBOURNE, FL.

TITLE ☐ DELETE

NAME  
CONN, JOHN L  
STREET ADDRESS  
551 S APOLLO BLVD SUITE 204  
CITY-ST-ZIP  
MELBOURNE FL

2.1 TITLE ☐ Change ☒ Addition

NAME  
JOHN BLEWETT  
STREET ADDRESS  
551 S. APOLLO BLVD.  
CITY-ST-ZIP  
MELBOURNE, FL.

TITLE ☐ DELETE

NAME  
CHARLES SILAS DR  
STREET ADDRESS  
551 S APOLLO BLVD STE 204  
CITY-ST-ZIP  
MELBOURNE FL

3.1 TITLE ☒ Change ☐ Addition

NAME  
D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
VERGE, WILLIAM G.  
STREET ADDRESS  
551 S APOLLO BLVD STE 204  
CITY-ST-ZIP  
MELBOURNE FL

4.1 TITLE ☐ Change ☐ Addition

NAME  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
WAGNER, WILLIAM  
STREET ADDRESS  
551 S. APOLLO BLVD STE 204  
CITY-ST-ZIP  
MELBOURNE FL

5.1 TITLE ☐ Change ☐ Addition

NAME  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
POWELL, KYLE E  
STREET ADDRESS  
551 S APOLLO BLVD SUITE 204  
CITY-ST-ZIP  
MELBOURNE FL

6.1 TITLE ☐ Change ☐ Addition

NAME  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (9/96)