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

PROFIT CORPORATION ANNUAL REPORT

1**9**98

東京· 東京東 一角を変えて、動物のでは、地方の関係をおかるとおいうというでは、あるいのは、大きの時には、日本の



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38099

(8)

KEY WEST HOLDINGS, INC.

lc

Principal Place of Business Mailing Address

1533 N. WOODWARD AVE.. SUITE 240

1533 N. WOODWARD AVE.. SUITE 240

FILED Apr 27 1998 8:00am Secretary of State



BLOOMINGFIELD HILLS MI 48304		BLOOMINGFIELD HILLS MI 48304				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 03/24/1992
2. Principal P	ace of Business	28. Mailing Address 26			 -	4. FEI Number Applied For Not Applied able Not Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Current	29 Pagistared Apont	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	CORPORATION SYSTEM	Hogistorou Agont		81	Name	
1200 SOUTH PINE ISLAND ROAD						·
PLANTATION FL 33324				82	Street A	Address (P.O. Box Number is Not Acceptable)
				83		
				84	City	FL 85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	and 607.1508, Florida Statu I Florida. Such change was ons of, Section 607.0505, Fl	tes, the a authorize lorida Sta	bove d by lutes	-named c the corpo	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered agent			l Age	nt signature re	re required whon reinstating) DATE
TITLE	OFFICERS AND	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	KAUFMAN, STUART M.		- 1		İ	C Change Modificat
STREET ADDRESS	1533 N WOODWARD AVE #24	n	1.2 N/		ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	•				
TITLE	PST DELETE			1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	KAUFMAN, STUART M.		2.2 N/	2.2 NAME		
STREET ADDRESS	1533 N WOODWARD AVE #240		2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI		2. 4 CITY-ST-ZIP			
TITLE	DELETE			3.1 TITLE		Change Addition
NAME			3.2 N	ME	1	
STREET ADDRESS			3.3 \$1	REE1	ADDRESS	
CITY-ST-ZIP			3 4. CtTY - ST - ZIP		T - ZIP	
TITLE	DELETE		4 1 Ti	4 1 THTLE		Change Addition
NAME			4.2 N	AME		
STREET ADDRESS			4.3 S1	REET	ADDRESS	
CITY-ST-ZIP				4.4 CITY - ST - ZIP		
TITLE		☐ DELFIF	DELÉTE 5.1 T		1	☐ Change ☐ Addition
NAME			5.2 N/			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CI		- ZIP	Change Addition
		□ otrest	1			Criange Adoltion
NAME CERCET ADDRESS			6.2 N/		ADDOLES	
STREET ADDRESS					ADDRESS	
14. I hereby c	ertify that the information supplied with	this filing does not qualify f	6.4 CI			ted in Section 119 07(3Vi). 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.