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

PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham-

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P92000 E KEY HARDWARE, INC.	008852 (5)					# 4 000 (100 140)
Principal Plac	ce of Business	Mailing Address					
6810 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		6810 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-1334					
					3. Date Incorporated or Qualified 11/30/1992	3a. Date of La 04/04/199	•
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #. etc.		Suite, Apt. #, etc.		65-0424321		Not Applicable 75 Additional	
22]		27		5. Certificate of Status Desired		e Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation has liability for i		ler s. 199.032,
24	25 9. Name and Address of Curren	29 Secretary Agent	30		Florida Statutes 10. Name and Address of New Reg	Yes No	
ļ	LAGHER, MARK	r Hadistalad Wallit	81	Name	10. Name and Address of New Ne	Jiereren Wäerir	
	O GULF OF MEXICO DR.		63	Carnet Ad	dress (D.O. Day Mumber in Mal Assessable	(2)	
	IGBOAT KEY FL 34228	82 Street Addr		dress (P.O. Box Number is Not Acceptab	· · · · · · · · · · · · · · · · · · ·		
3			83				
P			84	City		FL 85	Zip Code
SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	st and title if applicable (NOTE			rporation submits this statement for the pation's board of directors. I hereby accepaired when reinstang) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	D OF FIGURE AND	☐ DELETE 1		· ·	ADDITIONS/CHANGES TO OFFIC	Char	
NAME	GALLAGHER, MARK					•	• –
STREET ADDRESS	6810 GULF OF MEXICO DR.		1.3 STREFT ADDRESS				
CITY-ST-ZIP	LONGBOAT KEY FL 34228		1.4 CITY-ST-ZIP 2.1 TILLE				
TITLE NAME		L'I DECEIE				L_J Char	nge L Addition
STREET ADDRESS	ļ		2.2 NAME 2.3 STREET	ADDRESS			
CITY-ST-ZIP			2 4 City-St-ZiP				
TITLE		DELETE3				Char	nge 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	·			
CITY-\$T-ZIP		DELETE	3.4. CITY - : 4.1 TITLE	S1 - Z(P		☐ Char	nge 🔲 Addition
NAME			4. 2 NAME	1			,
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	17-ZIP			- <u>-</u>
TITLE		☐ DELETE	5.1 TITLE			☐ Chan	nge 🔲 Addition
NAME CERCET ADDRESS			5.2 NAME	Apprece			
STREET ADDRESS CITY-ST-ZIP	} *		5.3 STREET 5.4 CITY - S	- 1			
TITLE		DELETE	6.1 THILE	n - ZII		Chan	nge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY OF TIO	1		CADITY C	7.70			

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 appear 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 of true and accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

FILED

Apr 21 1997 8:00am

Secretary of State