SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000009689 (9)

KEYSTONE REALTY ADVISORS, INC.

Mailing Address

Principal Place of Business 200 8. DISCAYNE BLVD. **BUITE S100** 

200 S. BISCAYNE BLVD. <del>OUITE-5100</del>-

FILED

Jul 22 1998 8:00am

Secretary of State

MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4665 Pance Delean Bloom 4665 Pence de LEON DIUD 65-0419529 Not Applicable Coral 645KS, F1. \$8.75 Additional 5. Certificate of Status Desired oral GA Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible USA USA 24 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALVAREZ, VICTOR M 4900 FIRST UNION FINANCIAL CENTER Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD MIAMI FL 33131-2352 83 84 City Zip Code

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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE \_\_\_ DELETE Change \_\_\_\_ Addition HOPKINS, CARTER W JR NAME 1.2 NAME 4665 PONCE DE LEON BLVD STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE \_\_\_ Change \_\_\_ Addition WOOD, THOMAS D NAME 2.2 NAME 4665 PONCE DE LEON BLVD STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition WOOD, THOMAS D JR NAME 3.2 NAME 4665 PONCE DE LEON BLVD STREET ADDRESS 3.3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition FAY, MICHAEL T NAME 4.2 NAME 4665 PONCE DE LEON BLVD STREET ADDRESS 4.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition SMITH, MARSHALL G NAME 5.2 NAME 4665 PONCE DE LEON BLVD STREET ADDRESS 5.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE \_\_ DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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CR2E034 (5/98)