

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000028304 (2)

1. Corporation Name

THE KEY RESOURCE GROUP, INC.

Principal Place of Business

**20780 BOCA RIDGE DR. NORTH
BOCA RATON FL 33428**

Mailing Address

**20780 BOCA RIDGE DR. NORTH
BOCA RATON FL 33428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1993

3a. Date of Last Report

07/08/1994

4. FEI Number

65-0412212

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributor

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 8644-17 EAGLE RUN DRIVE

26 8644-17 EAGLE RUN DRIVE

Suite, Apt. #, etc

Suite, Apt. #, etc

22
City & State

27
City & State

23 BOCA RATON FL

28 BOCA RATON FL

Zip Country

Zip Country

24 33434

25 USA

29 33434

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, BERNARD J
20780 BOCA RIDGE DR. NORTH
BOCA RATON FL 33428**

81 Name

KLEIN, BERNARD J.

82 Street Address (P.O. Box Number is Not Acceptable)

8644-17 EAGLE RUN DRIVE

83

84 City

BOCA RATON

FL

85 Zip Code

33434

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, type or print name of registered agent and then applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KLEIN, BERNARD J
STREET ADDRESS	20780 BOCA RIDGE DR., NO.
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	KLEIN, NAOMI
STREET ADDRESS	20780 BOCA RIDGE DR., NO.
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BERNARD J KLEIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	8644 EAGLE Run Dr #17	
1.3 STREET ADDRESS	BOCA RATON, FL 33434	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME AS ABOVE	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change or on an attachment with an address.

SIGNATURE:

BERNARD J. KLEIN

8/2/96

561-479-1817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)