## ٠ - كنيد! FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90114 013 \*\*\*150.00

|--|--|

THE KEY RESOURCE G	ROUP, INC.	
	-	
Deigning I Plans of Pusiness	Mailing Address	

8644-17 EAGLE RUN DRIVE **BOCA RATON FL 33434** 

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

DOCUMENT # P93000028304

Country

8644-17 EAGLE RUN DRIVE **BOCA RATON FL 33433** 

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

26

27

28

		DO NOT WRITE IN	THIS SPACE
3.	Date Incorpor	ated or Qualifed	

04/16/1993

65-0412212

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

4. FEI Number

24	25	29	30		Personal Property Tax.	LiYes	∐No
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Reg	jistered Agent	
KLEI	n, Bernard J.			81 Name			
	-17TH EAGLE RUN DRIVE			82 Street	Address (P.O. Box Number is Not Acceptable	<del>)</del> )	-
	A RATON FL 33434			83	· · · · · · · · · · · · · · · · · · ·		
500				100	}		
	<u> </u>			84 City	/	FL 85 Zip C	
office or r	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	tate of Florida. Such change w	as authorized	d by the corpo	corporation submits this statement for the pu pration's board of directors. I hereby accept the	rpose of changing its in the appointment as reg	registered jistered
SIGNATURE		d and side if Kanble	NOTE: Basistana	f Agent eigneture r	equired when reinstating)	DATE	i
40	Signature, typed or printed name of registers	S AND DIRECTORS	13.	Agent signature in	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	P	DELET		me	ADDITIONS/GIANGES TO GITTE	Change	Addition
	KLEIN, BERNARD J.	<u> </u>	1.2 N				_
NAME	•	117	1				
STREET ADDRESS	8644 EAGLE RUN DRIVE #	F17		TREET ADDRESS			1
CITY-ST-ZIP	BOCA RATON FL			ITY-ST-ZIP			Addition
TITLE	VP	☐ DELET	E 2.1 TI	TLE		☐ Change	☐ Addition ]
NAME	KLEIN, NAOMI		2.2 N	AME :			\$
STREET ADDRESS	8644-17 EAGLE RUN DR.		2.3 S	TREET ADDRESS			1
CITY-ST-ZIP	BOCA RATON FL 33434	• •	2.40	ITY-ST-ZIP			
TITLE	<del></del>	☐ DELET	E 3.1 TI	TLE		Change	Addition
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CITY-ST-ZIP			5.4 C	ITY-ST-ZIP			
TITLE		☐ DELET	E 6.1 TI	TLE		☐ Change	Addition
NAME ,			6.2 N	AME .			
STREET ADDRESS		•	6.3 \$	TREET ADDRESS			
CITY-ST-ZIP	A TO CANAL TO A DAY		6.4 C	TTY-ST-ZIP			
A A I because of	antifu that the information of poli	ad with this filing does not gual	fu for the eve	mntion etated	Lin Section 119 07/3\(ii) Florida Statutes   fu	other certify that the in	formation

Country

n supplied with this filling does not qualify for the exemption stated in Section 1190 (3)(i), Florida Statutes. I further certify that the fill of 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 in or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attact men

**SIGNATURE** 

CR2E034 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable