

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

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**Mar 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000038629 (0)

1. Corporation Name
KEYBOARD, INC.



Principal Place of Business

Mailing Address

**1515 U.S. HWY 1
STE. 201
SEBASTIAN FL 32958
US**

**1515 U.S. HWY. 1
201
SEBASTIAN FL 32958-1612
US**

3. Date Incorporated or Qualified 05/27/1993	3a. Date of Last Report 03/04/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 **1515 US Hwy. 1**

26 **1515 US Hwy. 1**

22 **Ste. 201**

27 **Ste. 201**

23 **Sebastian, FL**

28 **Sebastian, FL**

24 **32958**

25 **USA**

29 **32958**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DILL, WARREN W
1515 U.S. HWY. 1
STE. 201
SEBASTIAN FL 32958**

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 1515 US Hwy. 1
83 City & State Ste. 201
84 City Sebastian
85 Zip Code FL 32958

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRAWFORD, JAMES		1.2 NAME	
STREET ADDRESS 36 HEATHER AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP GLASGOW,G61 3JG UNITED KING.		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRAWFORD, JEAN P		2.2 NAME	
STREET ADDRESS 36 HEATHER AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP GLASGOW,G61 3JG UNITED KING.		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: *James Crawford* **James Crawford, President** **15 Feb 97** **561-589-1212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)