

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Mar 04 1996 8:00am**  
**Secretary of State**

**DOCUMENT # P93000038629 (0)**

1. Corporation Name  
**KEYBOARD, INC.**



Principal Place of Business <b>1515 U.S. HWY 1 STE. 201 SEBASTIAN FL 32958 US</b>	Mailing Address <b>1515 U.S. HWY. 1 201 SEBASTIAN FL 32958 US</b>
--	--

3. Date Incorporated or Qualified <b>05/27/1993</b>	3a. Date of Last Report <b>02/14/1995</b>
--	--

2. Principal Place of Business 21 <b>1515 US Hwy. 1,</b> Suite, Apt. #, etc. 22 <b>Suite 201</b> City & State 23 <b>Sebastian FL</b> Zip 24 <b>32958</b>	2a. Mailing Address 26 <b>1515 US Hwy. 1</b> Suite, Apt. #, etc. 27 <b>Suite 201</b> City & State 28 <b>Sebastian FL</b> Zip 29 <b>32958</b> Country 30 <b>USA</b>
---	---

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	<b>SAME</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1515 US Hwy. 1,</b>
83	
84 City	<b>Sebastian FL 32958</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAWFORD, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>38 HEATHER AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLASGOW, G81 3JG UNITED KING.</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAWFORD, JEAN P</b>	2.2 NAME	
STREET ADDRESS	<b>38 HEATHER AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLASGOW, G81 3JG UNITED KING.</b>	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 checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**200001730502**  
**-03/04/96--01043--011**  
**\*\*\*200.00**  
7/2/94

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 changed, or on an attachment with an address.

SIGNATURE: J Crawford James Crawford, President **2.15.96** (407) 589-1212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (12/95)