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 May 10, 1999 8:00 am Secretary of State

05-10-1999 90026 018 ***150.00

DOCUMENT # P9300038629 1. Corporation Name KEYBOARD, INC.							
Principal Place	of Business	Mailing Address			I 1881/CD1 (IN 1810H 1111) UB)UI BUIT BUIT BUIT UB}	18 1\$1 0 1 (81)0 81110	18010 1011 1001
1515 US HWY 1 1515 US HWY 1							
STE 201 STE 201							
SEBASTIAN FL 32958 SEBASTIAN FL 32958					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
		0 - 10-11 0 ddanaa			05/27/1993 4. FEI Number	- TAN	plied For
2. Principal Pl	2a. Mailing Address			NOT APPLICABLE	<u> </u>	t Applicable	
Suite, Apt.	# oto	Suite, Apt. #, etc.	Suite Ant # etc			\$8.75 A	- ' -
—	#, 6 16.	27			5. Certifcate of Status Desired	Fee Re	
City & State	B		City.&.State			\$5.00-	May Be-
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	/	8. This corporation owes the current year le		/
24	25	— · · · · ·	30		Personal Property Tax.		☑ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	d Agent	
		_	81	Name			
DILL, WARREN W			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	US HWY 1						
STE 201			83				
SEBASTIAN FL 32958			84	City		85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute.				1	F		
SIGNATURE	m familiar with, and accept the oblig	ent and title if applicable. (NOTE:	Registered Age		ired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	- 1	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D DELETE		1 1 TITLE			change	[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-5	ST-ZIP		Change	Addition
TITLE	D DANKEODD IEAN D		2.1 TITLE 2.2 NAME			ondrigo	
NAME	CRAWFORD, JEAN P			TADDRESS			
STREET ADDRESS	s 36 Heather ave Glasgow,g61 3JG United King.						
CITY-ST-ZIP	OELETE		2.4 C/TY-ST-Z/P			Change	☐ Addition
TITLE NAME			3.2 NAME				
				TADDRESS			
CITY-ST-ZIP			3.4 CITY-				
TITLE		☐ DELETE	4,1 TITLE			☐ Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE	☐ DELETE		5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE	<u> </u>	☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

te January 23, 1999

CR2F034 (11/98)