

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000044650

1. Entity Name

KEYSTONE MANAGEMENT CORPORATION



Principal Place of Business

**500 S. OCEAN BLVD.
SUITE 1704
BOCA RATON, FL 33432**

Mailing Address

**500 S. OCEAN BLVD.
SUITE 1704
BOCA RATON, FL 33432**



04262004 No Chg-P GR2E034 (10/03)

4. FEI Number

65-0418893

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHAPIRO & DECTOR, P.A.
7777 GLADES ROAD
SUITE 200
BOCA RATON, FL 33434**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

**11000000150647
05/04/04-80013-017 150.00**

10. OFFICERS AND DIRECTORS

**TITLE DPT
NAME TYGHEM, MARVIN
STREET ADDRESS 500 S. OCEAN BLVD., SUITE 1704
CITY-ST-ZIP BOCA RATON, FL 33434**

**TITLE DVS
NAME TYGHEM, THOMAS
STREET ADDRESS 500 S. OCEAN BLVD., SUITE 1704
CITY-ST-ZIP BOCA RATON, FL 33434**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

THOMAS TYGHEM

4/29/04 (954) 421-2500

Date

Daytime Phone #