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
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P93000050733 (3)**

1. Corporation Name

ALL KEYS INSURANCE, INC.

Principal Place of Business	Mailing Address
91831 OVERSEAS HWY STE - B TAVERNIER FL 33070 US	91831 OVERSEAS HWY STE - B TAVERNIER FL 33070 US

3. Date Incorporated or Qualified: **07/14/1993**
3a. Date of Last Report: **04/17/1995**

21 **2.** Principal Place of Business	26 **2a.** Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: **65-0425356** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NAVARRETE, MARY E
91831 OVERSEAS HWY
STE - B
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 [signature] 4-29-96
Signature, typed or printed name of registered agent, and date as required. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NAVARRETE, OSCAR		1.2 NAME		
STREET ADDRESS	30 N OCEAN DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NAVARRETE, MARY E		2.2 NAME		
STREET ADDRESS	30 N OCEAN DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NAVARRETE, CRYSTAL ANN		3.2 NAME		
STREET ADDRESS	30 N OCEAN DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		3.4 CITY-ST-ZIP		
TITLE	O	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NAVARRETE, SEAN R		4.2 NAME		
STREET ADDRESS	30 N OCEAN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL		4.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NAVARRETE, JASON ROBERT		5.2 NAME		
STREET ADDRESS	30 N OCEAN DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NAVARRETE, MARGRATE S		6.2 NAME		
STREET ADDRESS	30 N. OCEAN DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		6.4 CITY-ST-ZIP		

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)(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: [signature] 4-29-96 305-853-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)