

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000050733 (3)

1. Corporation Name
ALL KEYS INSURANCE, INC.

Principal Place of Business

91831 OVERSEAS HWY
STE - B
TAVERNIER FL 33070
US

Mailing Address

91831 OVERSEAS HWY
STE - B
TAVERNIER FL 33070-2647
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

07/14/1993

3a. Date of Last Report

05/01/1996

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DV NAVARRETE, OSCAR
30 N OCEAN DRIVE
KEY LARGO FL 33037

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP NAVARRETE, MARY E
30 N OCEAN DR
KEY LARGO FL 33037

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S NAVARRETE, CRYSTAL ANN
30 N OCEAN DRIVE
KEY LARGO FL 33037

TITLE NAME STREET ADDRESS CITY-ST-ZIP

O NAVARRETE, SEAN R.
30 N OCEAN DRIVE
KEY LARGO FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

C NAVARRETE, JASON ROBERT
30 N OCEAN DRIVE
KEY LARGO FL 33037

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T NAVARRETE, MARGRATE S
30 N. OCEAN DR.
KEY LARGO FL 33037

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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

[Signature]

4-29-97 305-853-1040

FILED
May 13 1997 8:00am
Secretary of State



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