


FILED
May 09 1997 8:00am
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1997</div> <div></div>		<div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>May 09 1997 8:00am</div> <div>Secretary of State</div>	
<div>DOCUMENT # P94000017572 (6)</div> <div>1. Corporation Name KEYSOFT, INC.</div>					
<div>Principal Place of Business 4203 N CENTRAL AVE TAMPA FL 33603</div>			<div>Mailing Address P.O. BOX 153041 TAMPA FL 33684-3041</div>		
<div>2. Principal Place of Business 21 4544 W. IDLEWILD AVE Suite, Apt. #, etc. 22 TAMPA, FL City & State 23 33614 USA Zip Country 24 25</div>		<div>2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30</div>		<div>3. Date Incorporated or Qualified 02/25/1994 3a. Date of Last Report 08/15/1996 4. FEI Number 59-3231006 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</div>	
<div>9. Name and Address of Current Registered Agent RABIN, LARRY S 2507 SEAFOOD CIRCLE APT. 4 TAMPA FL 33613</div>			<div>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</div>		
<div>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.</div>					
<div>SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</div>					
<div>12. OFFICERS AND DIRECTORS TITLE PTD NAME JOHNSON, GERARD C STREET ADDRESS 4203 N CENTRAL AVE CITY-ST-ZIP TAMPA FL 33603 TITLE VSD NAME RABIN, LARRY S STREET ADDRESS 2507 SEAFORD CIR #4 CITY-ST-ZIP TAMPA FL 33613 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>			<div>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</div>		
<div>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.</div>					
<div>SIGNATURE: Gerard C. Johnson GERARD C. JOHNSON 4/30/97 (813) 888-5338</div>					