

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000021262 (8)**

1. Corporation Name

**EUROKEYS CORP.**



Principal Place of Business

Mailing Address

920 CORAL WAY  
CORAL GABLES FL 33134

920 CORAL WAY  
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/18/1994

3a. Date of Last Report

01/17/1995

4. FEI Number

65-0483771

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

FLEITAS, NANCY C  
920 CORAL WAY  
CORAL GABLES FL 33134

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

Sign the typed or printed name of the registered agent and state as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.  DELETE

TITLE

D FLEITAS, NANCY C

NAME

920 CORAL WAY  
CORAL GABLES FL 33134

STREET ADDRESS

CITY, ST, ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

2. TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

3. TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 443-9329

CR2E034 (12/95)