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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000026868 (7)

KEYWAY CONSULTING, INC.

## **FILED** May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				- I IDDEIDDE IED EDITO DIDEI ODEIN DDITO DDITO	11910 31101 10111 01151 1011 1601	
521 RUTH CIRCLE 521 RUTH CIRCLE WEST MELBOURNE FL 32904 WEST MELBOURNE FL-			194			
		man if consider		DO NOT WRITE IN THIS SPACE		
		men a	1000	1	3. Date Incorporated or Qualified	
9 Principal Pl	ace of Business	28. Mading Address 26 /300 Airport Blue 22			04/06/1994 4. FEI Number	Applied For
21		26 /300 Airport		W. #22	59-3239716	Not Applicable
Suite, Apt. #, etc.		Sudo, Apt. #, etc.				\$8.75 Additional
22		27 Helbourne, Ha		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28 32901		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	la	8. This corporation owes or has paid the o	
24	25	29 3290/ 3		sa	Personal Property Tax due June 30.  10. Name and Address of New Registers	∐ Yes ∐ No
ELEY, EDMON L						
	1 <b>SO</b> UTH SCOTT ST. ELBORUNE FL 32901		82 Street Addre		ess (P.O. Box Number is Not Acceptable)	
ME	SEBONUNE PE 32801		83			
				6.7		les Za Cada
			84	City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0402 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 502 ip 607,0505, Florida Statutes.						
SIGNATURE Wond Myle 4/20/98						
Stonature, typed or product name of registered agent and to it applicable (NOTE: Registered				ent signature require		ND DIDECTORS IN 40
12.	OFFICERS AND DIFFECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE NAME	PYLES, DONITA J	veech	1.2 NAME			
STREET ADDRESS	521 RUTH CIRCLE			T ADDRESS		
CITY-ST-ZIP	WEST MELBOURNE FL 32904		1.4 CITY - ST - ZIP			
TITLE		DELETE 2.		51 En		Change Addition
NAME			2.2 NAME	l		
STREET ADDRESS			2.3 STREE	T ADDRESS	S. Carlotte Carlotte	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP	Druste		3.4. CITY -	S1-ZIP		Change Addition
TITLE	[_] DELETE		4.1 TITLE			Circulate Ci vooiton
NAME			4. 2 NAME	1 ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP TITLE			4.4 CITY-	51 - 21		☐ Change ☐ Addition
NAME	_ state		5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5 4 CITY-			
TITLE	DELETE		61 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			63 STREE	T ADDRESS		
CITY-ST-ZIP	_		64 CITY-			
14. I hereby o	certify that the information supplied v	vith this filing does not qualify for	the exemi	otion stated in S	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 allachment with an address.

4/20/88