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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000054052 (3)

1. Corporation Name

KEY CONCEPTS UNLIMITED, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| Principal Place of Business 6900 ULMERTON RD #160 LARGO FL 33771 US | | Mailing Address 6900 ULMERTON RD #160 LARGO FL 33771 US | |
| 2. Principal Place of Business 21 1180 Gulf Blvd. #1803 Suite, Apt. #, etc. 22 City & State 23 Clearwater, FL Zip 24 33767 | | 2a. Mailing Address 26 1180 Gulf Blvd. #1803 Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip 29 33767 Country 25 Hillsborough 30 Hillsborough | |
| g. Name and Address of Current Registered Agent WILSON, DONNA 6900 ULMERTON RD #160 #721 LARGO FL 33771 | | 10. Name and Address of New Registered Agent 81 Name Donna Wilson 82 Street Address (P.O. Box Number is Not Acceptable) 1180 Gulf Blvd. #1803 83 84 City Clearwater FL 85 Zip Code 33767 | |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|-----------------------|
| TITLE | V | 1.1 TITLE | V |
| NAME | WILSON, DONNA | 1.2 NAME | Wilson, Donna |
| STREET ADDRESS | 6900 ULMERTON RD #160 | 1.3 STREET ADDRESS | 1180 Gulf Blvd. #1803 |
| CITY-ST-ZIP | LARGO FL | 1.4 CITY-ST-ZIP | Clearwater, FL 33767 |
| TITLE | P | 2.1 TITLE | P |
| NAME | RIDLEY, JOSEPH | 2.2 NAME | Ridley, Joseph |
| STREET ADDRESS | 6900 ULMERTON RD #160 | 2.3 STREET ADDRESS | 1180 Gulf Blvd. #1803 |
| CITY-ST-ZIP | LARGO FL | 2.4 CITY-ST-ZIP | Clearwater, FL 33767 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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:

Donna Wilson

3-11-98

270-321-9530

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