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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075064 (3)

KEYSTONE INVESTMENT, INC.

l		mening i teuroc	0						
300 N. OSCEOLA AVE. BELVEDERE 6B			300 N. OSCEOLA AVÉ. BELVEDERE 68						
CLEARWATE	R FL 84615-	CLEARWATER	CLEARWATER FL 54815			DO NOT WRITE IN THIS SPACE			
•						Date Incorporated or Quality	alified		
	_					10/10/1994			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		P	Applied For
21		26				59-3284074			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.						Additional
22		27	27			5. Certificate of Status Desir	ed 🗆		Required
City & Stat	e	City & State				6. Election Campaign Finan	eina	¢5.0/) Nav Ba
23		28	8			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zφ	ic	ountry	,	8. This corporation owes or			
	755 25	29 3379	5 30	,		Personal Property Tax du			No I
<u></u>	9. Name and Address of Cu		100			10. Name and Address of N			
ΔĐ	EENBERG, MARTIN			81	Name	10,	ow riogiotorou z		
				- '	111111111111111111111111111111111111111				ŀ
1318 NELSON AVE					82 Street Address (P.O. Box Number is Not Acceptable)				
CL	EARWATER FL 34615								
				83					
				84	City			85 Zip	Code
					,		FL	'	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Flori	da Statutes, the	above	e-named cor	poration submits this statement for	or the purpose of	changing	its registered
onice or r	registered agent, or both, in the S im familiar with, and accept the c	state of Florida. Such char	nge was authoria	zed by	the corpora	ation's board of directors. I hereby	accept the appoint	ointment as	s registered
•	and doop in a	songations of, occitor our	.0000, 1101144 0	inidice					ŀ
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable	(NOTE Registe	ered Age	int signature requ	uired when reinstating)	DATE		
12,		S AND DIRECTORS	1:			ADDITIONS/CHANGES TO		DIRECTO	RS IN 12
TITLE	PSTD	D		TITLE		7,00110110,01171102010	01110211071110	Change	Addition
NAME	PEENS, LOUIS		12	NAME					
STREET ADDRESS	300 N. OSCEOLA AVE., E	NEI VEDERE			ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34615)							
TITLE	OLD WINKIETT COTOTO	Пп		TITLE	1- ZIP			Change	Address
-								change	Addition (
NAME				NAME					
STREET ADDRESS			2.3	STREET	ADDRESS				i
CITY-ST-ZIP				4 CITY - S	T-ZIP				
TITLE			ELET e 3.1	TITLE	1			Change	☐ Addition
NAME			3.2	NAME					
STREET ADORESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP			3.4	. CITY-S	T-ZIP				
TITLE		□ Di		TITLE				Change	Addition
NAME			4.2	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP									1
TITLE		□ DE		CITY-SI TITLE	1- ZIP			Change	Addition
- 1							1	Change	L Manual
NAME				NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-ST	- ZIP				
TITLE		□ Of	LETE 61	TITLE	ĺ		ĺ	Change	☐ Addition
NAME			62	NAME					ļ
STREET ADDRESS			63	STREET	ADDRESS				1
OUTV OF THE									

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 of 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 for on an attachment with an address.