FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000080518 (1)

1. Corporation Name
KEY-CIRCLE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
720 S ORANGE AVE SARASOTA FL 34236	720 S ORANGE AVE SARASOTA FL 34236

3. Date Incorporated or Qualified: 10/29/1994	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0532012	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 140 S. BLVD OF PRESIDENT	26 140 S. BLVD OF PRESIDENTS
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: SARASOTA FL	28 City & State: SARASOTA FL
24 Zip: 34236 / 25 Country: USA	29 Zip: 34236 / 30 Country: USA

9. Name and Address of Current Registered Agent

WOLFF, PHILLIP A
720 S ORANGE AVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: LARRY A SHAPIRO
82 Street Address (P.O. Box Number is Not Acceptable): 140 S BLVD OF PRESIDENTS.
83
84 City: SARASOTA FL 85 Zip Code: 34236

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: LARRY A SHAPIRO [signature] DATE: 1/19/96
Signature, typed or printed name of registered agent and title if applicable (Fulfilling registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	SHAPIRO, LARRY A		1.2 NAME
STREET ADDRESS	140 S. BLVD. OF PRESIDENTS		1.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP
TITLE	DVT	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	STEINBERG, HARVEY I		2.2 NAME
STREET ADDRESS	2121 HARBOURSIDE DRIVE		2.3 STREET ADDRESS
CITY-ST-ZIP	LONGBOAT KEY FL		2.4 CITY-ST-ZIP
TITLE	SD	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	SHAPIRO, BARBARA L		3.2 NAME
STREET ADDRESS	140 S. BLVD. OF PRESIDENTS		3.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	STEINBERG, ARLINE D		4.2 NAME
STREET ADDRESS	2121 HARBOURSIDE DRIVE		4.3 STREET ADDRESS
CITY-ST-ZIP	LONGBOAT KEY FL		4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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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] (Pres) LARRY A SHAPIRO 1/19/96 941/388/2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #