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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000081271 (6) **DOCUMENT #**

Corporation Name

MR. KWIK KEY, INC.



Principal Place of Business Mailing Address						ELO O DELLI DURBLE PRI	118 13841 18801 1181 108	
360 BALI ST SI PALM BAY FL	E	360 BALI	360 BALI ST SE PALM BAY FL 32909					
PALM BAT FL 32309		1 ALM UN	AVEN DALL LE 05000			3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1995		
. Principal Place	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	Applied For		
		26	26		59-3278538			
Suite, Apt. #, etc.		Suite, Apt			5. Certificate of Status Desired	11 77	.75 Additional ee Required	
City & State		City & Sta	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	q		•	This corporation has liability for intangible tax under s 199.032, Florida Statutes		
L	25 Name and Address of Cu	29		30		Florida Statutes Yes 10. Name and Address of New F		
9	, Mame and Address of Co	irent negistered Age		81	Name	10, 1141110 11110 11110 11110		
CARRION	CODAL							
CARRICK, 360 BALI		82 Street Add		dress (P.O. Box Number is Not Acceptable)				
PALM BA			83					
FALM DA	1 f L 32303							Zo Code
				84	City		FL 85	Zip Code
IGNATURE	ature typed or printed name of registeres	agentario tilicitari si asia-	icia Statutes.	E Registered Apr	nt signal are respons		DATE	75-
2.		S AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFF	-ICERS AND DIRE	
TLE	DP Carrick, Coral	IJ	DELETE	1 2 NAME				go 🗀 Haaman
AMÉ	360 BALI ST SE				T ADDRESS			
reel address	PALM BAY FL 32909			1.4 CiTY -				,
TY-ST-ZIP TLE	1 ALM DAT I C OLOGO		DELETE	2 1 TITLE	31.51	Director	☐ Cha	inge 🖪 Addition
AME		_		2 2 NAME		Watthew Carr	ick -	
TREET ADORESS				23 STAES	I ADDRESS	360 Ball Str	eet S.E	•
ITY-ST-ZIP				24 CHY-	ST-ZIP	Director Matthew Carr 360 Ball Str Palm Bay, Fl	. 329	09
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AME				3 2 NAME				
TREET ADDRESS				1	ET ADDRESS			
TY-ST-ZIP			DELETE	3.4 CITY -			□ Ch	ange 🔲 Addition
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ITLE			DELETE	6 1 MILI				ange
IAME				6.2 NAM!	ET ADDRESS			
STREET ADDRESS				6.4 CITY	i			
14. I do hereby of certify that the oath; that I as appears in B	ne information indicated on this m an officer or director of the lock 12 or Block 13 if change	s annual report or suppli corporation or the rece	lemental anni iver or truste with an addr	iual report is t ie empowered		for the exemption stated in Section 119 ate and that my signature shall have the insreport as required by Chapter 607. If $\mathcal{L} = \mathcal{G} = \mathcal{G}$	e same lega: ellec Florida Statutes; a	nd that my name
SIGNATU	SIGNATURE AND TY	PED OR PRINTED NAME OF	SIGNING OFFICE			4-9-9	Paytime	Priore #