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Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 17 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P94000081271 (6) DOCUMENT #

MR. KWIK KEY, INC.

Principal Place of Business

CITY-ST-ZIP

360 BALL ST SE PALM BAY FL 32909 PALM BAY FL 32909 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/04/1994 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3278538 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional \square 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CARRICK, CORAL 360 BALI ST SE Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32909 83 Zio Code 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 tipe if applicable (NOTE: Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE CARRICK, CORAL NAME 1.2 NAME 360 BALI ST SE STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32909 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE CARRICK, MATTHEW NAME 360 BALL STREET S.E. STREET ADDRESS 2.3 STREET ADDRESS PALM BAY FL CITY-ST-ZIP 2. 4 CITY - ST - 71P DELETE TITLE Change Addition 3.1 TO LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 2IP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 cocievor or trusted 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.