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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000021075 (3)

KEYS-R-US, INC.

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



1530 OCEAN KEY LARGO I	BAY DRIVE, UNIT 402 FL 33037	1530 OCEAN BAY DRIVE KEY LARGO FL 33037	. UNIT 402	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
				03/15/1995		Ţ
2. Principal Place of Business 2s. Mailing Addre			<del></del> · ·	4. FEI Number	<del></del>	oplied For
21		26		65-0566868		ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State		City & State		Election Campaign Financing     Trust Fund Contribution	, , , , , , , , , , , , , , , , , , , ,	
Zip 24	Country 25	Zip 29	Country 30	<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>		tangible ☐ No
	9. Name and Address of Curr			10. Name and Address of New Registers	d Agent	
AM	ERILAWYER		81 Name			
343	B ALMERIA AVE.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
CO	RAL GABLES FL 33134					
			83			
			84 City	F	<b>85</b> Zip	Code
11. Pursuant I	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above-named co	propretion submits this statement for the nurrose	of changing if	ts 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	The learning with, this decept the ob	ingulation of Cooker Correspond				
SIGNATURE	Signature, typed or printed name of registered		Registered Agent signature rec			20 111 10
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Change	RS IN 12
TITLE	P COCCUAN OFDER A	☐ DELETE	1.1 TITLE		□ Change	ADDITION (
NAME	FREEMAN, GERALD A 1530 OCEAN BAY DRIVE,	I INIT 400	1.2 NAME			
STREET ADDRESS	KEY LARGO FL 33037	UNIT TUE	1.3 STREET ADORESS 1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	TIET ENTOOTE GOOD	DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		I Drugge	3.4. CITY - ST - ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE		Change	L.J AGGIGGII
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	<u> </u>	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition
NAME		o.c.,	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 ADORESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP	<u></u>		
	La contraction of the contractio			in Contine 110 07/3\(ii) Florida Statutes   further	contifu that the	information

4. 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 informatic 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:** 

Seuld the June with his

Berald A Freeman

4/11/98

451-9711