

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 # P95000040493 (5)

1. Corporation Name

MONEY KEY, INC.



Principal Place of Business

516 CARIBBEAN DRIVE EAST  
SUMMERLAND KEY FL 33042

Mailing Address

516 CARIBBEAN DRIVE EAST  
SUMMERLAND KEY FL 33042

3. Date Incorporated or Qualified  
05/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0583935 ~~044744~~

Applied For

Not Applicable

State, Apt. #, etc.

Suite, Apt. #, etc.

22 516 CARIBBEAN DR. EAST

27 516 CARIBBEAN DR. EAST

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 SUMMERLAND KEY FL.

28 SUMMERLAND KEY FL.

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33042

25 MONROE

29 33042

30 MONROE

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESICK, THOMAS  
516 CARIBBEAN DRIVE EAST  
SUMMERLAND KEY FL 33042

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

LESICK, DAGMAR C  
516 CARIBBEAN DRIVE EAST  
SUMMERLAND KEY FL 33042  
ST

STREET ADDRESS

CITY - ST - ZIP

TITLE

P

☐ DELETE

NAME

LESICK, THOMAS  
516 CARIBBEAN DRIVE EAST  
SUMMERLAND KEY FL 33042

STREET ADDRESS

CITY - ST - ZIP

TITLE

P

☐ DELETE

NAME

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☐ DELETE

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

TITLE

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☐ DELETE

NAME

P

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

# Deposited by Bank  
P95000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Lesick

Date

11/16/96 305-7453084

Daytime Phone #

CR2E034 (12/95)