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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000040493

MONEY KEY, INC.

Principal Place of Business
516 CARIBBEAN DRIVE EAST SUMMERLAND KEY FL 33042
SUMMERLAND KEY FL-33042 HS

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90049 039 ***150.00



									
Principal Plac	e of Business	Mailing Address			-			OUR AREA PARA	
	. '	516 CARIBBEAN DRIVE EAS	eT.					•	
516 CARIBBEAN SUMMERLAND	= -	SUMMERLAND KEY FL 33042				•			
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						05/23/1995		- 	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21		26				65-0583935			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27				<u> </u>			
City & Stat	te ,	City & State				6. Election Campaign Financing		. \$5.00 Added to	
23	C	28 Zin	Coun	tne		Trust Fund Contribution			o rees
Zip	Country	Zip	30	uy		This corporation owes the curr Personal Property Tax.	-		XINo
24	9. Name and Address of Current	 	30		1	10. Name and Address of New F			
	9. Name and Address of Current	Neglatered Agent		81 Name		10			
LES	CK, THOMAS	•							
	CARIBBEAN DRIVE EAST		82 Street Ad			s (P.O. Box Number is Not Accepta	able)		
	MERLAND KEY FL 33042			B3			13.15	10 x 2 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3	1728 1 1 1 1
		•					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, is, 1978	43 E
		,		B4 City			FI	85 Zip C	Code
44 Dureuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s the ab	ove-named	comora	ation submits this statement for the	purpose of c	hanging its	registered
office or	registered agent, or both, in the State o	of Florida. Such change was au	uthorized	by the corp	oration'	s board of directors. I hereby accep	ot the appoin	tment as req	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ida Siaiu	es.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature i	required w	hen reinstating)	DATE	•	
12.	OFFICERS AND	, , , , , , , , , , , , , , , , ,	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITL	E		A PARKER		☐ Change	Addition
NAME	LESICK, DAGMAR C		1.2 NAX	er:					
STREET ADDRESS	516 CARIBBEAN DRIVE EAST			NC		•			
		ē.	1.3 STR	EET ADORESS		•			
CHIY-SI-ZIP	SUMMERLAND KEY FL 33042								
CITY-ST-ZIP TITLE	SUMMERLAND KEY FL 33042 ST	☐ DELETE		EET ADORESS (-ST-ZIP				☐ Change	☐ Addition
	ST	☐ DELETE	1.4 CIT	EET ADORESS (-ST-ZIP E				☐ Change	☐ Addition
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14. 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 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, with all other like empowered.