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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000096790 (7)

Country

PATEL, DILIPKUMAR A

g, Name and Address of Current Registered Agent

KEY'S MARKET, INC.

Principal Place of Business								
	STATE VISTA							

2. Principal Place of Business

Suite, Apt #, etc.

City & State

23

24

Zip

Mailing Address

P O BOX 1499 ULMATILLA FL 32784

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

28

29

## **FILED** Apr 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Yes

This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

01/01/1996

59-3353102

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

37621 STATE ROAD 19 DONA VISTA FL 32784		82	2 Street Address (P.O. Box Number is Not Acceptable)						
DONA VISIA EL 32/04								<del> </del>	
			84	City	FL	85	Zip C	ode	
11. Pursuant l office or re agent. I as	to the provisions of Sections 607 0502 and 607, 1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Sectio	. Florida Statutes, th change was autho n 607.0505, Florida	e above rized by Statutes	-named the corp	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	chang ointme	ing its	registered egistered	
SIGNATURE									
40	Signature, typed or printed reinre of registered agent and title if applicable OF FICERS AND DIRECTORS			nt signature	required when reinstating) DATE	DIRE	OT 000	N. 10	
12.	D D OFFICERS AND DIRECTORS		<b>13.</b> I 1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Ch		Addition	
· · · · · · · · · · · · · · · · · · ·				l		<b>Ц</b>	ange	L.J Addition	
NAME	PATEL, DILIPKUMAR A		1 2 NAME						
STREET ADDRESS	19440 SPRING OAK DR		I.3 STAEET						
CITY-ST-ZIP	EUSTIS FL.		I.4 CITY - ST	- ZIP				Addition	
TITLE	D		2.1 TITLE	l		☐ Ch	ange	AUGILION	
NAME	PATEL, MINAXSHI D		2.2 NAME						
STREET ADDRESS	19440 SPRING OAK DR		2.3 STREET	ADORESS					
CITY-ST-ZIP	EUSTIS FL	***************************************	4 CITY-S	T-ZIP		<del></del>			
TITLE		DELETE ;	3.1 TITLE			□ Ch	ange	Addition	
NAME		;	3.2 NAME						
STREET ADDRESS		1	3.3 STAEET	address					
CITY-ST-ZIP			3.4. CITY - S	T-ZIP					
TITLE		☐ DELETE	I.1 TITLE			☐ Ch	ange	Addition	
NAME		] .	. 2 NAME						
STREET ADDRESS		1.	3 STREET	ADDRESS					
CITY-ST-ZIP			L4 City - S1	- ZIP					
TITLE		DELETE	5.1 THTLE			Ch	ange	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP		5	5.4 CITY - \$1	- ZIP					
TITLE		DELETE 6	3.1 TITLE			Ch	апде	Addition	
NAME			S.2 NAME	1					
STREET ADDRESS			3.3 STREET	NODRESS					
CITY-ST-ZIP			5.4 CITY - ST	ZIP					
14. I hereby o	ertify that the information supplied with this filing does	s not qualify for the	exempt	ion state	d in Section 119.07(3)(i), Florida Statutes. I further ce	rtify th	at the i	nformation	
officer or o	on this annual report or supplemental annual report director of the corporation or the receiver or trustee e or Block 13 if changed, or on the attayriment with an	impowored to execu	and tha ite this r	t my sig eport as	nature shall have the same legal effect as if made un required by Chapter 607, Florida Statutes; and that n	ny nam	ө арр	ears in	

Country

81 Name

30

4-14-98

(352)3574961