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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

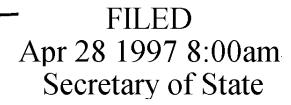
Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097216 (2)

KEY PROMOTIONAL SALES, INC.

Principal Place of Business

Mailing Address





16450 SAN CARLOS BLVD #5 FT MYERS FL 33908		16450 SAN CARLOS BLVD #5 FT MYERS FL 33908-3271						
		•			3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65 - 062859	3		pplied For lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	 		6. Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be ☐ Added to Fees		
Zip 24	Country 25	7ip 29	30 Cou	ıtry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Yo			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	gistered A	gent	
1645	S, JAMES P O SAN CARLOS BLVD #5			82 Street Ad	David L. Voss dress (P.O. Box Number is Not Accepta	ble)		
FIW	IYERS FL 33908				<u>16450 San Carlos B</u>		#_3	·····
				03	Ft. Myers, FL 339	80		
				84 City		FL	85 Zip	Code
SIGN RE	m familiar with, and accept the oblig Signature typed or printed name of registered ag	70			quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE OF THE CERS AND	DIBECTO	97 BS IN 12
ent.	D	DELETE	1,1 TIT	I.E.	ADDITIONAL PRIVATE TO OTT		Change	Addition
NAME	VOSS, DAVID L		1,2 NA	ME			_ •	_
STREET ADDRESS	16450 SAN CARLOS BLVD #5		1.3 \$18	REE1 ADORESS				
CITY-ST-ZIP	FT MYERS FL 33908		1.4 0(1	Y-S1-ZIP				
TITLE	D NOOD HANGO D	DELETE	2.1 717	1		Ţ	Change	Addition
STREET ADORESS	VOSS, JAMES P 16450 SAN CARLOS BLVD #5	• ·	2.2 NAI					
CITY-ST-ZIP	FT MYERS FL 33908			REET ADDRESS				
TITLE		DELETE	3.1 117	IY-ST-ZIP			Change	Addition
NAME			3.2 NAI			_		
STREET ADDRESS			3 9 STF	REFT ADDRESS				
CITY-ST-ZIP			3 4. Cr	Y-S1-ZIP				
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NAME			4.2 NA					
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TITLE		DELETE	4.4 CIT 5.1 TIT	Y-ST-ZIP F			Change	Addition
NAME			5.2 NAI					Lad redución
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y - ST - ZIP				
TITLE		☐ DELETE	6.1 7(1)	.E			Change	Addition
NAME			6.2 NA	ME .				
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY+ST. 7IP			6.4.017	/ CT 7/D				

14. I do hereby certify that the information supplied with this filling 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 if an an officer, or director of the porporation 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.