

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

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000002126 (6)**

1. Corporation Name  
**KEY VILLAGE, INC.**

Principal Place of Business  
**635 SOUTH BOULEVARD  
TAMPA FL 33606**

Mailing Address  
**325 SOUTH BOULEVARD  
TAMPA FL 33606-2160**



2. Principal Place of Business 21 <b>218 Apollo Beach Blvd</b> Suite, Apt. #, etc. 22 City & State 23 <b>Apollo Beach FL</b> Zip 24 <b>33572</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>218 Apollo Beach Blvd</b> Suite, Apt. #, etc. 27 City & State 28 <b>Apollo Beach, FL</b> Zip 29 <b>33572</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>01/08/1996</b>	3a. Date of Last Report
9. Name and Address of Current Registered Agent <b>PETERSON, MICHAEL L ESQ. MOLLOY, JAMES &amp; PETERSON 325 SOUTH BOULEVARD TAMPA FL 33606</b>		10. Name and Address of New Registered Agent B1 Name Street Address (P.O. Box Number is Not Acceptable) B3 B4 City <b>FL</b> B5 Zip Code		4. FEI Number <b>65-0659141</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President / Director / Secretary</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Fouad Anis</b>	1.2 NAME	
STREET ADDRESS	<b>2841 N. OCEAN BLVD - 1404</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33308</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **4/20/97**

CP2E034 (9/96)