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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P96000010458

CARLTON KEY CORPORATION

Principal Place	e of Business	Mailing Address				, , , , , , , , , , , , , , , , , , , ,			
3250 SOUTH O	CEAN BLVD.	3250 SOUTH OCEAN BLVD.							
SUITE 205 SO.		SUITE 205 SO.				DO NOT WRITE IN THIS SPACE			
PALM BEACH F	L 33480	PALM BEACH FL 33480			•	3. Date Incorporated or Qualifed			
						01/29/1996			
. D::1 DI	of Duciness	2a. Mailing Address				4, FEI Number		An	plied For
<u> </u>	ace of Business	26 26				65-0634625		<u> </u>	t Applicable
Suite, Apt.	# ato	Suite, Apt. #, etc.				T	_	\$8.75	
-	#, etc.	27				5. Certificate of Status Desired		Fee Re	
City & State	2	City & State				6. Election Campaign Financing	• .	\$5.00	May Be
·	-	28				Trust Fund Contribution		Added	-
23 Zip	Country	Zip Country				8. This corporation owes the current	vear Inta	naible	
24		30			Personal Property Tax.				
24	9. Name and Address of Current		<u> </u>			10. Name and Address of New Reg	istered A	gent	
5. Name and Address of Surface Cognition					Name				
BRO	MLEY, RICHARD		L	_	0	/DO Day Name - is Man Assessable			
3250	SOUTH OCEAN BLVD.		l*	2	Street Addre	et Address (P.O. Box Number is Not Acceptable)			
PALN	A BEACH FL 33480		8	3				_	
							•	7 [
			8	4	City		FL	85 Zip	Code
44 Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statutes	the abo	ve-	named corpo	pration submits this statement for the pu	mose of o	hanging its	registered
office or ti	egistered agent, or both, in the State o	of Florida. Such change was autl	nonzed t	ov tr	ne corporatio	n's board of directors. I hereby accept t	he appoin	tment as re	gistered
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statuti	55.					1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Age)						when reinstating)	DATE		
12.	OFFICERS AND		13.		***	ADDITIONS/CHANGES TO OFFICE	ERS AN	DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TTTLE					☐ Change	☐ Addition
NAME	BROMLEY, RICHARD		1.2 NAME						
STREET ADDRESS	3250 SOUTH OCEAN BLVD.		1.3 STREET AD		UDDRESS				ļ
CITY-ST-ZIP	PALM BEACH FL 33480			1.4 CITY-ST-ZIP					
TITLE	P	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	BROMLEY, MICHAEL		2.2 NAME						ļ.
STREET ADDRESS				2.3 STREET ADDRESS					
1	PALM BEACH FL 33480		2.4 CITY-ST-ZIP		j	•			
CITY-ST-ZIP				3.1 TITLE		* -		☐ Change	Addition
NAME	BROMLEY, GABRIELLE		3.2 NAME					•	
	3250 SOUTH OCEAN BLVD.		3.3 STREE		ADDRESS				
STREET ADDRESS	PALM BEACH FL 33480		3.4. CITY-						
CITY-ST-ZIP	FALIN DEACH FE 30400	☐ DELETE	4.1 TITLE		- Z,JF		-	☐ Change	Addition
TITLE			4. 2 NAME						_
NAME				4.3 STREET ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP		☐ DÉLETE	4.4 CITY-5		ZIP			Change	☐ Addition
TITLE		□ pereie	5.1 HILL 5.2 NAM						
NAME					ADDRESS	,		•	1
STREET ADDRESS						•			
CITY-ST-ZIP			5.4 CITY 6.1 TITU		ZIP		•	☐ Change	Addition
TITLE		☐ DELETE							
NAME			6.2 NAM						
OWNERT ADDRESS	1		■ 6.3 STR	EETA	ADDRESS				

6.4 CITY- ST- ZIP 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 an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90101 050 ***150.00