COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State
07-12-1999 90004 037 ***550.00

DOCUMENT # P96000012944 ✓
Corporation Name

ALAN'S KEYS, INC.

Principal Place of Business

12 SPOONBILL CIRCLE
WESTON FL 33326

Mailing Address

912 SPOONBILL CIRCLE
WESTON FL 33326

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address [26]
Suite, Apt. #, etc.	Suite, Apt. #, etc. [27]
City & State	City & State [28]
Zip	Country [25]	Zip [29]	Country [30]

3. Date Incorporated or Qualified
02/09/1996

4. FEI Number
65-0694829
Applied For
Not Applicable

5. Certificate of Status Desired ☐
$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐
$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

REIBMAN, GENE ESQ.
600 NORTHEAST THIRD AVENUE
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL	85	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE

OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
E PSTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
E GOULD, ALAN	1.2 NAME	
EET ADDRESS 912 SPOONBILL CIRCLE	1.3 STREET ADDRESS	
ST-ZIP WESTON FL 33326	1.4 CITY-ST-ZIP	
E ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
E	2.2 NAME	
EET ADDRESS	2.3 STREET ADDRESS	
ST-ZIP	2.4 CITY-ST-ZIP	
E ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
E	3.2 NAME	
EET ADDRESS	3.3 STREET ADDRESS	
ST-ZIP	3.4 CITY-ST-ZIP	
E ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
E	4.2 NAME	
ET ADDRESS	4.3 STREET ADDRESS	
ST-ZIP	4.4 CITY-ST-ZIP	
E ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
E	5.2 NAME	
ET ADDRESS	5.3 STREET ADDRESS	
ST-ZIP	5.4 CITY-ST-ZIP	
E ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
E	6.2 NAME	
ET ADDRESS	6.3 STREET ADDRESS	
ST-ZIP	6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: _SIGNATURE_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99
Date

954-494-3604
Daytime Phone #