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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

KEY E	AST PROPERTIES, INC.	10023329 (1)				
Principal Plac	ce of Business	Mailing Address	. —			
540 N.E. 7TH AVE.		P.O. BOX 480003				
FT. LAUDERD	DALE FL 33301	F1. LAUDERDALE FL 333 US	48-0003		DO NOT WIDITE IN THE	ue enver
ľ		US			DO NOT WRITE IN THE 3. Date Incorporated or Qualified	IIS SPACE
					03/11/1996	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		26	_ີ		65-0632628	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		Mana	10. Name and Address of New Registere	ed Agent
	CY, WILLIAM J		81	Name		
540 N.E. 7TH AVE. FT. LAUDERDALE FL 33301			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
, T	. UNUVERDALE PL 33301		83			
l			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statute	es, the above	a-named corp		
office or a	registe red agent, or both, in the Stat am fa miliar with, and accept the obli	te of Florida. Such change was a gations of, Section 607,0505. Flo	authorized by orida Statutes	the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	appointment as registered
SIGNATURE		•				
Signature, typed or printed name of registered agent and title if applicable (NOT						
				nt signature requir	red when reinstating) DATE	
12.		ND DIRECTORS	13.	nt signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	OFFICERS AF		13. 1.1 TITLE	nt signature requi-		
TITLE NAME	OFFICERS AF D NACY, WILLIAM J	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME			ND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	OFFICERS AT D NACY, WILLIAM J 540 N.E. 7TH AVE.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		ND DIRECTORS IN 12
TITLE NAME	D NACY, WILLIAM J 540 N.E. 7TH AVE. FT. LAUDERDALE FL 33301	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS		ND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AT D NACY, WILLIAM J 840 N.E. 7TH AVE. FT. LAUDERDALE FL 33301 V. P. Gen MSR	ND DIRE CTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		ND DIRECTORS IN 12
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14. Thereby 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 occurate 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 Impayore to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changing or or any landingent of the corporation of t