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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000027125 (9)

KEY ADVERTISING, INC.

Principal Place of Business Mailing Address **844 HAMPTON WOOD COURT** 844 HAMPTON WOOD COURT SARASOTA FL 34232-2552 SARASOTA FL 34232 3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1996 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 65- 0702 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country Zip This corporation has liability for intangible tax upder s. 199.032, Yes No Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O'BRIEN, FREDERICK 844 HAMPTON WOOD COURT 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34232 83 Zip Code 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 on the parameters of the appointment as registered agent. I am familiar with, and accept the obligations of Section of the statutes. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition n 1,1 TITLE 3111.5 O'BRIEN, FREDERICK NAME 1.2 NAME 844 HAMPTON WOOD COURT STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34232 1.4 CITY-ST-ZIP CITY: 51 DELETE Change Addition tifue 2.1 TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP City - ST - 7/P DELETE Change Addition me 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change Addition 4 1 TITLE THUE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-\$1-7IP

14. I do he eby 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 eath; 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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE'

TITLE

NAME

STREET ADDRESS

CHY-ST-ZIE

SIGNATURE AND

DELETE

Change

Addition

**FILED** 

Apr 30 1997 8:00am

Secretary of State