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PROFIT
CORPORATION
ANNUAL REPORT

1997



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SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED
97 FEB 26 AM 11:51

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027808 (0)

KEYFLEX, INC.

Principal Place of Business Mailing Address **B52 NARRAGANSETT LANE** 852 NARRAGANSETT LANE KEY LARGO FL 33037-2774 KEY LARGO FL 33037 3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1996 2. Principal Piace of Business 2a. Mailing Address Applied For 65-0655204 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 Zip Code 0502 and 607.1508. Florida Statutes, the above named corporation subpilts this statement for the purpose of changing its registered state of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered this ations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions office or registered agent. agent Lam familiar with SIGNATURE RERA TO TOR SPRESIDENT Registered Agent signature required wi DATE DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ■ DELETE 1.1 TITLE Change Addition THILE **PSTD** VAN DEN BROEK, CAROL A 1.2 NAME NAME 852 NARRAGANSETT LANE 1.3 STREET ADDRESS STREET ADDRESS ****165.00 ****165.00 KEY LARGO FL 33037 1.4 CITY-ST-ZIP CITY-ST-719 DELETE Change ■ Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - \$1 - ZiP DELETE Change ■ Addition 5.1 TITLE TIT: F 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP ☐ Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - S1 - 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)(l), 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

2/25/97

Daytime Phone #