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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 05 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035791 (8)

KEYPORT REALTY, INC.

KEHO	M HEALT, MO				
Principal Place of Business		Mailing Address			61 61111 10610 10101 1191 1001
1000 PONCE DE LEON BLVD. #333		1000 PONCE DE LEOF	N BLVD. #333		
CORAL GABLES FL 33134 COF		CORAL GABLES FL 33	3134	DO NOT WRITE IN THIS	RPACE.
				3. Date Incorporated or Qualified	OF ACE
				04/22/1996	
2, Principal Pi	ace of Business	2a. Mailing Address	 	4, FEI Number	Applied For
21		26		65-0671079	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	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζ φ	Country	8. This corporation owes or has paid the cu	
24	25 Name and Address of Curr	29 ent Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
	· <u>·······</u> ····························	ent tredictoren whent	81 Name	10, maine Blin Undigos of Hos Hofistolog	UBAIII.
	ETTCHER, KLAUS	200			
1000 PONCE DE LEON BLVD. #333 CORAL GABLES FL 33134			B2 Street Add	dress (P.O. Box Number is Not Acceptable)	
100	HALL CADLES FL 33134		83		
ļ					
1			84 City	FL	65 Zip Code
11. Pursuant i	to the provisions of Sections 607.05	502 and 607.1508. Florida Sta	itules, the above-named co		I I I changing its registered
office or re	egistered agent, or both, in the Sta	te of Florida, Such change wa	as authorized by the corpora	orporation submits this statement for the purpose c ation's board of directors. I hereby accept the app	pointment as registered
1	m laminar with, and accept the too	igations of, Section 607.0300,	Tiorida Otatutes.		
SIGNATURE	Signature, typod or printed name of registered a	agent and title it applicable (N	NOTE: Registered Agent signature req	juired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BO ETTCHER, KLAUS		1.2 NAME		
STREET ADDRESS	1000 PONCE DE LEON BLV	/D. #333	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		į
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		F"] Otre is	4.1 TITLE		Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		į
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		L. Obecit	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
!			5.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE	6.4 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ļ
Attended to Protect of			STORT AND RECOV		,

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 annuals into the receipt of the corporation or the receipt of the corporation or the receipt of the corporation or the receipt of the corporation of the corporation of the receipt of the corporation of the corporation of the receipt of the corporation of the receipt of the corporation of the receipt of the corporation of the corporation of the receipt of the corporation of the corporation of the receipt of the corporation of the corporation of the corporation of the receipt of the corporation of the corporati

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