SECOND 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

DOCUMENT

Principal Place of Business

SIGNATURE:

P96000040252

Mailing Address

KEYE ENTERPRISES GROUP, INC.

FILED Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90010 048 ***150.00

603025'- 900'10 - 48 3

1101 NORTHWEST 51 STREET		1101 NORTHWEST 51 STREET FORT LAUDERDALE FL 33309		į	
FORT LAUDER	DALE FL 33309	FORT DAUDERDALE FL 3	3309	DO NOT WRIT	TE IN THIS SPACE
				3. Date Incorporated or Qualified	
-	- · ·	والمستحدية والأستناء	* *	05/09/1996	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
2. 111101part 1	305 51 235///45	26		65-0665881	Not Applicable
Suite, Apt. #	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	,, 3.0.	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	Zip	Country	8. This corporation owes the curre	ent year
24	25	29	30	Intangible Personal Property.	Yes No
	9. Name and Address of Current			10. Name and Address of New R	egistered Agent
			81 Name	-1 a 0 11 es al	
AME	ERILAWYER CHARTERED			Address (P.O. Box Number is Not Accepta	bla)
343	ALMERIA AVENUE		82 Street	NW 51 ST	bie)
COI	RAL GABLES FL 33134		83	10 95 31	
			84 City		85 Zip Code
				auderdale.	FL 33309
11. Pursuant	to the provisions of sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute of Florida. Such change was a	es, the above-named of authorized by the corp	orporation submits this statement for the pu oration's board of directors. I hereby accep	of the appointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, section 607.0505, Flo	orida Statutes.	-1.	-/00
SIGNATURE 2	John Schlose	Leslie Schissel		<i></i>	0/ 79 DATE
	Signature, typed or printed name of registered agent		TE: Registered Agent signatur		FICERS AND DIRECTORS IN 12
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	PSTD	DELETE			Change Addition
NAME	SCHLISSEL, LESLIE		1.2 NAME		
STREET ADDRESS	1101 NORTHWEST 51 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
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	•		3.4 CITY-ST-ZIP		
TITLE	:	DELETE	4.1 TITLE		Change Addition
NAME		,	4.2 NAME		- v
			4.3 STREET ADDRESS		
STREET ADDRESS	in the		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	- More	DELETE	5.1 TITLE		Change Addition
	المير ٢٠٠٢ - ١٩٠٣ - ١٩٠٣ - ١٩٠٣ - ١٩٠٣ - ١٩٠٣ - ١٩٠٣ - ١٩٠٣ - ١٩٠٣ - ١٩٠٣ - ١٩٠٣ - ١٩٠٣ - ١٩٠٣ - ١٩٠٣ - ١٩٠٣ -	L DELETE		^ -	Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP *	The second secon		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby ce	ertify that the information supplied with	this filing does not qualify for t	he exemption stated in	section 119.07(3)(i), Florida Statutes. I fur ature shall have the same legal effect as if	ther certify that the information
an officer of	on this annual report or supplemental a or director of the corporation or the rec or Block 13 if changed, or on an attac	eiver or trustee empowered t	o execute this report a	is required by Chapter 607, Florida Statute	es; and that my name appears

Palototo 4025:

H & K Auto Body Shop

FT. LAUDERDALE, FLORIDA 33309 (305) 771-3020 771-3027

. To whom it may concern,

This notification was my First and Only Notice.

Please accept the 150 renewal Fee. I spoke to
Someone There and he said you would as long as
I sent this letter.

Thank-you Les Schlosel