


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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris, Secretary of State
DIVISION OF CORPORATIONS

FILED

99 AUG 12 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA6000041920**

1. Corporation Name
Blue Key Ent. INC.

Principal Place of Business: **2931 NE 48th St, Lighthouse Pt. FL 33064**
Mailing Address: **2931 N.E. 48th St, Lighthouse Pt. FL 33064**

DO NOT WRITE IN THIS SPACE

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address |
| 22 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 23 | City & State | 27 | City & State |
| 24 | Zip | 28 | Country |
| 25 | Country | 29 | Zip |
| 30 | | 30 | Country |

| | |
|----|---|
| 3. | Date Incorporated or Qualified |
| 4. | FET Number 65 0068846 |
| | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. | Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. | Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. | This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

STEVEN A. PIGNATARO
2931 N.E. 48th St.
Lighthouse Pt. FL 33064

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

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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 change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **8-9-99**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | Proprietor | <input type="checkbox"/> DELETE |
| NAME | STEVEN A. PIGNATARO | |
| STREET ADDRESS | 2931 N.E. 48th St. | |
| CITY-ST-ZIP | Lighthouse Pt. FL 33064 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----|----------------|---|
| 1.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 | NAME | |
| 1.3 | STREET ADDRESS | |
| 1.4 | CITY-ST-ZIP | |
| 2.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 | NAME | |
| 2.3 | STREET ADDRESS | |
| 2.4 | CITY-ST-ZIP | |
| 3.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 | NAME | |
| 3.3 | STREET ADDRESS | |
| 3.4 | CITY-ST-ZIP | |
| 4.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 | NAME | |
| 4.3 | STREET ADDRESS | |
| 4.4 | CITY-ST-ZIP | |
| 5.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 | NAME | |
| 5.3 | STREET ADDRESS | |
| 5.4 | CITY-ST-ZIP | |
| 6.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 | NAME | |
| 6.3 | STREET ADDRESS | |
| 6.4 | CITY-ST-ZIP | |

000002961930--1
-08/17/99--01043--009
****150.00 Change Addition

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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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **8-9-99**

CR2E034 (11/98)