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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600065684 (8)

KEYS INTERNATIONAL CONSULTING, INC.

Principal Place of Business Mailing Address 25083 CENTER STREET 25083 CENTER STREET SUMMERLAND KEY FL 33042-4609 SUMMERLAND KEY FL 33042 3a. Date of Last Report 3. Date Incorporated or Qualified 08/05/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 65-070105 Not Applicable 21 26 Suite, Apt. #, ctc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Ζıp Country 8. This corporation has liability for intangible text under s. 199.032, **☑** No Florida Statutes Yes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PLETAN, GERALD W ESQ. **278 GARDENIA STREET** 62 Street Address (P.O. Box Number is Not Acceptable) **TAVERNIER FL 33070** В3 84 Zip Code 85 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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE HAWKINS, DONALD R JR. NAME **25083 CENTER STREET** 1.3 STREET ADDRESS STREET ADDRESS **SUMMERLAND KEY FL 33042** 14 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 THLE HAWKINS, KATHRYN M NAME 2.2 NAME **25083 CENTER STREET** 2.3 STHEET ADDRESS STREET ADDRESS SUMMERLAND KEY FL 33042 2.4 CHY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3 1 TULE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 4.1 THUE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 City - St - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-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)(i), Florida Statutes 1 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. 4/2/61

FILED

Jul 08 1997 8:00am

Secretary of State