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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000071322

1. Corporation Name

KEYFRAME INNOVATIONS & TECHNOLOGIES, INC.

Principal Place of Business

5510 WEST GRAY STREET
#38
TAMPA FL 34619
US

Mailing Address

3004 CAROLINA AVENUE
CLEARWATER FL 34619
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1996

4. FEI Number

59-3397984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 9125 US Highway 19N

Suite, Apt. #, etc.

22

City & State

23 Pinellas Park, FL

Zip

24 33782

Country

25 USA

2a. Mailing Address

26 9125 US Highway 19N

Suite, Apt. #, etc.

27

City & State

28 Pinellas Park, FL

Zip

29 33782

Country

30 USA

9. Name and Address of Current Registered Agent

MORIAH L DAWSON
3004 CAROLINA AVENUE
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name

Moriah L. Dawson

82 Street Address (P.O. Box Number is Not Acceptable)

9125 US Highway 19N

83

84 City

Pinellas Park, FL

85 Zip Code

33782

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

Moriah L. Dawson

2-16-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PTD
ROCHA, MICHAEL D
STREET ADDRESS
3004 CAROLINA AVENUE
CITY-ST-ZIP
CLEARWATER FL 34619

TITLE ☐ DELETE

NAME
S
DAWSON, MORIAH
STREET ADDRESS
3004 CAROLINA AVENUE
CITY-ST-ZIP
CLEARWATER FL 34619

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
T/V
Raymond S. Zurowski
1.3 STREET ADDRESS
501 33rd Ave N.
1.4 CITY-ST-ZIP
St. Petersburg, FL 33704

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
P/D
Rocha, Michael D.
2.3 STREET ADDRESS
1755 Sue Dr.
2.4 CITY-ST-ZIP
Clearwater, FL 33759

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
S/V
Dawson, moriah
3.3 STREET ADDRESS
1755 Sue Dr.
3.4 CITY-ST-ZIP
Clearwater, FL 33759

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Raymond S. Zurowski
RAYMOND SCOT ZUROWSKI

2/17/99 727-576-7692

Date

Daytime Phone #

CR2E034 (11/98)