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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07 1998 8:00am

Secretary of State

Change

Addition

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000011954 (9)

KEYS PROPERTY MAINTENANCE, INC.

2212 FOGARTY AVE. KEY WEST FL 33040		P.O. BOX 4560 KEY WEST FL 33041			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/05/1997			
2. Principal Place of Business 2a. Mailing Address					A FELMumber			
21		26			650-72-4882	J	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	t *i		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			<b>6.</b> Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	7(p 29	30 Cour	nlry	This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.		angible No	
	<ol><li>Name and Address of Curren</li></ol>	l Registered Agent			10. Name and Address of New Registered	l Agent		
MOSS, MARK 2212 FOGARTY AVE.			1	81 Name 82 Street Ad-	ress (P.O. Box Number is Not Acceptable)			
KE			83					
			-	84 City		<b>85</b> Zip	Code	
				City	Fi	_   <b>05</b>   210 ·	0000	
office or re agent I an SIGNATURE	sgistered agent, or both, in the State n familiar with, and accept the obliga Signature spector ported rame of my feed and	of Florida, Such change was drons of, Section 607.0505, F	authorized Iorida Statu	by the corpor ites.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the appuised when reinstating)  DATE  DATE	ppointment as	registered	
12.	OLLICERS AND		13.	27	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	Addition	
TITLE	D	DELETE	DELETE 1.1 BITLE			Change	Addition	
NAME			1 2 NA	ME				
STREET ADDRESS 2212 FOGARTY AVE.			1.3 STE	REET ADDRESS				
CITY-ST-ZIP	KEY WEST FL 33040		1 4 C/T	Y-ST-71P				
TITLE		☐ DELETE 217		LF	•	Change	Addition 1	
NAME			2 2 NA	ME				
STREET ADDRESS			2 3 S1F	REET ADDRESS				
CITY-ST-ZIP			2 4 CI	IY-ST-ZIP				
TITLE	DELETE 3.1		3.1 TiT	LF	· <del></del>	☐ Change	☐ Addition	
NAME			3.2 NA/	ME				
STREET ADDRESS			3 3 STF	REFT ADDRESS				
CITY-ST-ZIP			3.4. CIT	IY-ST-ZIP				
TITLE		DELETE	DELETE 4.1 TIT			Change	Addition	
NAME			4 2 NA	ME				
STREET ADDRESS			4.3 STF	REE1 ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Y-S1-ZIP				
TITLE		☐ DELFTE	5 1 1 11	r£		☐ Change	Addition	
NAME			5.2 NAI	ME				
STREET ADDRESS			5.3 <b>S</b> 1F	REF1 ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				

6.1 TITLE

6.2 NAME

14. Thereby 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 suppliencental 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 trusted 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.

6.3 STREET ADDRESS

MADU MACC

DOLETE