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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000026438 (6)

LARRY K. KEYS, P.A.

Principal Place of Business Malling

1110 WEST BRANDON BLVD. BRANDON FL 33511 Mailing Address

1110 WEST BRANDON BLVD. BRANDON FL 33511 FILED
Jan 30 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualified			
						03/24/1997			
	Place of Business Vonderburg Drive	2a. Mailing Address 2c. 510 Vonderburg D			2	4. FEI Number 59-3433309		pplied For	
21	<u> </u>	[20]				33 3433303		lot Applicable	
Suite, Apt. 22 Suite	#. eic. e 3004	Suite, Apt. #, etc. 27 Suite 3004				5. Certificate of Status Desired See Required			
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be			
23 Branc	don. FL	28 Brandon, FL			Ì	Trust Fund Contribution   Added to Fees			
Zip	Country	Zip Country				8. This corporation owes or has paid the current year Intangible			
24 3351	1 25 USA	29 33511 30 USA			ŀ	Personal Property Tax due June 30.  Yes No			
	g. Name and Address of Current I					10. Name and Address of New Registered Agent			
KEYS, LARRY K				81 Name					
	10 WEST BRANDON BLVD.		82 Street Ado		A .l.l	ross (B.O. Boy Mumber Is Not Accentable)			
	ANDON FL 33511	82 Street Adi		Aggres	iress (P.O. Box Number is Not Acceptable)				
Di u	ANDOR 1 E 30311	8:		83					
			L						
			8	City		FL	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	, the abo	ve-named	corpor		changing	its registered	
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, typed or printed name of registered agent a	and little if applicable. (NOTE, F	Registered A	gent signature	required:	when reinstating) DATE			
12.	OFFICERS AND DIRECTORS			3. ADDITIONS/CHANGES TO OFFICER		ADDITIONS/CHANGES TO OFFICERS AND	AND DIRECTORS IN 12		
TITLE	D	DELETE 1.1 T			D		Change	Addition	
NAME	KEYS, LARRY K		1,2 NAME		Κe	eys, Larry K.			
STREET ADORESS						10 Vonderburg Drive,	Snite	3004	
CITY-ST-ZIP	DD MAD CALL TO GOT A		1,4 CITY-	ST-7IP		candon, FL 33511	Du1 C(	- JUU-	
TITLE		DELETE 2,1 T		<u> </u>			Change	Addition	
NAME			2.2 NAME	2.2 NAME			_	_	
STREET ADDRESS		23 S		3 STREET ADDRESS					
CITY-ST-ZIP				4 CITY - ST - ZIP					
TITLE			3.1 TITLE	31-21		1 .	Change	Addition	
NAME			3.2 NAME				3-		
STREET ADDRESS			3.3 STREET ADDRESS						
			3.4. CITY-ST-ZIP						
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	- S1-ZIP			Change	Addition	
NAME			4. 2 NAM	.			ondingo		
STREET ADDRESS								1	
				TADDRESS					
CITY-ST-ZIP		DELETE	4.4 CITY-	ST-ZIP			Change	Addition	
TITLE			5.1 TITLE				Last Grande	E Addition	
NAME			5.2 NAME					]	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		CI DOLOTE	5.4 CITY-	ST-ZIP			[ ] Ob		
TITLE		☐ DELETE	6,1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY - ST - ZIP			6.4 CITY-						
14. I hereby c	ertify that the information supplied with	this filing does not qualify for t	he exem	otion stated	d in Se	ction 119.07(3)(i), Florida Statutes. I further cer	rtify that the	e information	

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE: Samuel Sul LIPE REQUIRED

1/22/98

28 654 245