2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an a

SIGNATURE AND

SIGNATURE:

May 04, 2004 8:00 am **Secretary of State** DOCUMENT # P97000028043 05-04-2004 90145 011 ***150.00 KEY RESORT GROUP, INC. Principal Place of Business Mailing Address 3015 NO OCEAN BLVD. STE 121 FORT LAUDERDALE FL 33308 3015 NO OCEAN BLVD. STE 121 FORT LAUDERDALE FL 33308 44044490 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0747578 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOSTER, RA Street Address (P.O. Box Number is Not Acceptable) 3015 N OCEAN BLVD **STE 121** FORT LAUDERDALE FL 33308 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPS Delete TITLE ☐ Change ☐ Addition FOSTER, REBECCA A NAME NAME 3015 NO OCEAN BLVD. STE 121 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE D/V/T Change ☐ Addition TITLE LANDAU, MARC J NAME Marc J Landau NAME 3015 N Ocean Blvd, Ste 121 3015 NO OCEAN BLVD. STE 121 STREET ADDRESS STREET ADDRESS Ft Lauderdale, FL 33308 FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this liking does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 repeiver or trustife empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED