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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PO700038326

1. Corporation KEYSTOI	NE COMPUTER SERVICES,				
Principal Place	of Business	Mailing Address			VANIE DANSE RATARA ERIAS SALAM ESTEM STATA ATTENDA
12463 S.W. 104	LANE	12463 S.W. 104 LANE			
MIAMI FL 33186-3610 MIAMI FL 33186-3610					
•					RITE IN THIS SPACE
				 Date Incorporated or Qualife 04/28/1997 	u
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0754029	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City & State			
City & State	9	<u></u>		Election Campaign Financing Trust Fund Contribution	9 S S S S S S S S S S S S S S S S S S S
Zip	Country	28	Country	8. This corporation owes the cu	
24	25		30	Personal Property Tax.	∰Yes □No
24	g. Name and Address of Curren			10. Name and Address of New	Registered Agent
	<u>.</u>		81 Name	3	
	SNER, WAYNE H ESQUIRE		82 Stree	t Address (P.O. Box Number is Not Accep	otable)
7700 NORTH KENDALL DRIVE			62 Street	(Address (P.O. Box Number is Not Accep	natio)
	E 510		83		
MIAN	¶ FL 33156		24 8"	4.4	85 Zip Code
			84 City		FL 85 Zip Code
l office or n	to the provisions of Sections 607.050; egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida. Such change was au	ithorized by the con	d corporation submits this statement for the poration's board of directors. I hereby acc	e purpose of changing its registered ept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE:	Registered Agent signature	e required when reinstating)	DATE
12.	The second secon	D DIRECTORS	13.		OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WILKES, ROBERT W JR		1.2 NAME		
STREET ADDRESS	12463 S.W. 104 LANE		1.3 STREET ADDRESS	s	
CITY-ST-ZIP	MIAMI FL 33186-3610		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	and the second of the second o	- · ·	2.3 STREET ADDRESS	s	-
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	S	
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADORESS	s	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Maddition
TITLE		☐ DELETÉ	5.1 TITLE		☐ Change ☐ Addition
NAME	, i		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	°	
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		_ Shange _ Addition
NAME		t	6.3 STREET ADDRESS	s	
STREET ADDRESS	1		0.3 STREET ALDRESS	~1	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90015 041 ***150.00