


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90204 024 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P97000041326

1. Corporation Name

KEY ADVERTISING KONCEPTS, INC.

Principal Place of Business

**30271 PALM DRIVE
BIG PINE KEY FL 33043**

Mailing Address

**30271 PALM DRIVE
BIG PINE KEY FL 33043**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1997

| | | | |
|---------------------------------|---------------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 4521 East Carroll Rd. | 26 4521 East Carroll Rd. | 65-0751753 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 22 | 27 | 6. Election Campaign Financing | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State | City & State | 8. This corporation owes the current year intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23 Lakeland, FL | 28 Lakeland, FL | | |
| Zip Country | Zip Country | | |
| 24 33801 25 Polk | 29 33801 30 Polk | | |

9. Name and Address of Current Registered Agent

**HAMELIN, DONALD
30271 PALM DR
BIG PINE KEY FL 33043**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|-------------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | PD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMELIN, DONALD | 1.2 NAME | Hamelin, Donald |
| STREET ADDRESS | 30271 PALM DRIVE | 1.3 STREET ADDRESS | 4521 East Carroll Rd |
| CITY-ST-ZIP | BIG PINE KEY FL 33043 | 1.4 CITY-ST-ZIP | Lakeland, FL 33801 |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | STD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMELIN, CLAIRE | 2.2 NAME | Hamelin, Claire |
| STREET ADDRESS | 30271 PALM DRIVE | 2.3 STREET ADDRESS | 4521 East Carroll Rd |
| CITY-ST-ZIP | BIG PINE KEY FL 33043 | 2.4 CITY-ST-ZIP | Lakeland, FL 33801 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-666-2180

CR2E034 (11/98)