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FILED

Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000048309 (3)

1. Corporation Name

KEYSMART ENTERPRISES, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 2998  
PORT CHARLOTTE FL 33949-2998

POST OFFICE BOX 2998  
PORT CHARLOTTE FL 33949-2998

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

65-0752164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUSALL, LARRY J  
1120 ALETHA AVENUE  
PORT CHARLOTTE FL 33948

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

TITLE D ☐ DELETE  
NAME MUSALL, LARRY J  
STREET ADDRESS POST OFFICE BOX 2998  
CITY-ST-ZIP PORT CHARLOTTE FL 33949-2998

TITLE D ☐ DELETE  
NAME MUSALL, VICKIE L  
STREET ADDRESS POST OFFICE BOX 2998  
CITY-ST-ZIP PORT CHARLOTTE FL 33949-2998

TITLE D ☐ DELETE  
NAME KEFFER, KUYLER  
STREET ADDRESS POST OFFICE BOX 510928  
CITY-ST-ZIP PUNTA GORDA FL 33951-0928

TITLE D ☐ DELETE  
NAME KEFFER, LORI L  
STREET ADDRESS POST OFFICE BOX 510928  
CITY-ST-ZIP PUNTA GORDA FL 33951-0928

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 6018 DAVID Blvd  
3.4 CITY-ST-ZIP PT. CHARLOTTE, FL 33981

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 6018 DAVID BLVD  
4.4 CITY-ST-ZIP PT. CHARLOTTE, FL 33981

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

Vickie L. Musall Vickie L. MUSALL 4-13-98 (941) 473-7171

CR2E034 (10/97)