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

PROFIT CORPORATION ANNUAL REPORT

1998

Suite, Apt. #, etc.

22



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000053205 (5)

GO II THE KEY, CORPORATION

Principal Place of Business Mailing Address

1715 STICKNEY PT ROAD STE A11 1715 STICKNEY PT ROAD STE A11 SARASOTA FL 34231-8866 SARASOTA FL 34231-8866

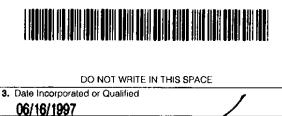
2. Principal Place of Business 2a. Mailing Address

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Suite, Apt. #, etc.

## FILED Jun 10 1998 8:00am Secretary of State



 $\square$ 

5. Certificate of Status Desired

Applied For

\$8.75 Additional

Fee Required

Not Applicable

City & Stat	te	City & State	City & State			Election Campaign Financing \$5.00 May Be				
23		28	28			Trust Fund Contribution	· [		to Fees	
Zip	Country	y Zip	Co	untry		8. This corporation owes	or has paid	the current year in	tangible	
24			30			Personal Property Tax due June 30. 🔲 Yes 🗗 No				
	9. Name and Addre	ss of Current Registered Agent	10. Name and Address of New Registered Agent							
CRAIG, WILLIAM B					Name					
1715 STICKNEY PT ROAD STE A11 SARASOTA FL 34231-8866					Street Addr	treet Address (P.O. Box Number is Not Acceptable)				
					83					
					City			85 Zip	Code	
				84	•			FLIT		
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 account the obligations of section 607.0505, Florida Statutes.										
SIGNATURE Signature flyind or produce name of register of agents and taller if applicable (NOTE: Registered Agent signature required when reinstating)  DAY:										
40	Signature typed or prioteo name	of registered agent and title if applicable		ed Agei	nt signature requir			DATE		
12.			13.	13. 1.1 TITLE		ADDITIONS/CHANGES 1	O OFFICE			
NAME									Addition	
	20 AN			IAME						
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CITY-ST-ZIP TITLE	DELETE			1.4 CHY-ST-ZIP 2.1 HTLE				Change	Addition	
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CITY-ST-ZIP	<u>:</u>			ITY-ST	- ZIP	<u>*****1,00,</u>   0			6.10	
14 I hereby	coetifu that the information	s europlied with this films done not	avalify for the av		on stated in	Castina 440 02/01/0 Flavida O	alutas I for	-11	7. 4	

14. I nereby 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.

100105 William Blog - WILLIAM B. CRAIS 4/29/98 000