

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000062350 1. Corporation Name KEY EXPOSURE, INC.			
Principal Place of Business 1223 ROYAL ST. KEY WEST FL 33040		Mailing Address 1223 ROYAL ST. KEY WEST FL 33040	

P97000062350

FILED

99 SEP 23 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 605 UNITED ST Suite, Apt. #, etc. 22 SUITE 1 City & State 23 KEY WEST, FL Zip 24 33040 Country 25 USA		2a. Mailing Address 26 PO BOX 1077 Suite, Apt. #, etc. 27 City & State 28 KEY WEST, FL Zip 29 33041 Country 30 USA		3. Date Incorporated or Qualified 07/18/1997	
4. FEI Number 65-0786339		Applied For ☐ Not Applicable		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent MCCARTHY, ERIC 614 WHITEHEAD STREET KEY WEST FL 33040				10. Name and Address of New Registered Agent 81 Name TRACYLEE PIERCE 82 Street Address (P.O. Box Number is Not Acceptable) 605 UNITED ST 83 SUITE 1 84 City KEY WEST FL 85 Zip Code 33040	

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 obligation of, section 607.0505, Florida Statutes.

SIGNATURE Tracylee Pierce DATE July 29, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP QUIROLO, DEE V 1223 ROYAL ST. KEY WEST FL 33040	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	P.D. LINDA O'BRIEN 923 FLEMING ST KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	☐ Change ☐ Addition

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: SIGNATURE DEE V QUIROLO DATE 7/29/99 DAYTIME PHONE # 205-5596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)