PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085810

1. Corporation Name

KEY ISLAND INVESTMENTS, INC.

| <u>بر</u> مراجع | | | | | | <u>.</u> | | | | | |
|--|--|------------------------|---|---|---|--------------|--------------------------------------|---------------|--------------------------------|-------------------------------------|---|
| Principal Place | of Business ** | Ma | ailing Address | _ | | | 116611361 110 1211 13211 3211 | | | | |
| 38 CRANDON E | BLVD. | 38 | CRANDON BLVD. | | | | | | | | |
| KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 | | | | | | | DO NOT WRITE | INI THIS S | DACE | | |
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| | | | | | | | 3. Date Incorporated or Qualifed | | • | | |
| | | | | _ | | | 10/03/1997 4. FEI Number | | | -ti-d For | |
| 2. Principal Pl | ace of Business | - | Mailing Address | | | | | | | plied For Applicable | |
| 21 | | 26 | | _ | | | 65-0789018 | | | | ł |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 A | aditional quired مستند | |
| 22 | <u> ئىسنى ئىدى سىلىكى ئىلىنىڭ ئى</u> | _= 27 - | 011 001 | | | | | | | <u> </u> | - |
| City & State | • | | City & State | | | | 6. Election Campaign Financing | | \$5.00 Added to | | |
| 23 | | 28 | | | | | Trust Fund Contribution | | | o rees | ┨ |
| Zip | Country | | Zip | Cou | ntry | - | 8. This corporation owes the currer | nt year Intal | ngipie XYes | □No | |
| 24 | 25 | 29 | | 30 | | 1 | Personal Property Tax. | | | | ł |
| | 9. Name and Address of Current | t Regis | tered Agent | | 81 Nam | • | 10. Name and Address of New Re | gistered A | gent | | 1 |
| CAL | A, A. ROSEMARY | | | | 81 Nam | 3 | | | | | ļ |
| | | | | | 82 Stree | t Addres | s (P.O. Box Number is Not Acceptab | ie) | | | 1 |
| | CRANDON BLVD., STE. 202 | | | | | | | | | | 1 |
| KEY | BISCAYNE FL 33149 | | | | 83 | | | | | | |
| | | | | | 84 City | | | | 85 Zip (| Code | 1 |
| | | | | | U-T City | | | FL | | | |
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| agent. I ai | egistered agent, or both, in the State or m familiar with, and accept the obligati Signature, typed or printed name of registered agent | of Floric tions of, | da. Such change was at , Section 607.0505, Float if applicable. (NOTE | ida Statu | ites. | | hen reinstating) | DATE | | | |
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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 mat 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 exempt 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 mother like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZiP

Change

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90220 001 ***150.00