

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).

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90010 002 \*\*\*550.00

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P97000097181**

1. Corporation Name  
**KEYSTONE CONSTRUCTION AND DEVELOPMENT, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>1500 NORTH CONGRESS AVENUE<br>SUITE B18<br>WEST PALM BEACH FL | Mailing Address<br>1500 NORTH CONGRESS AVENUE<br>SUITE B18<br>WEST PALM BEACH FL |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |   |  |
|--|---|--|
| 3. Date Incorporated or Qualified<br><b>11/14/1997</b>                             | 4. FEI Number<br><b>65-0795472</b>                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required                               |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                                  |  |
| 8. This corporation owes the current year Intangible Personal Property.            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <b>335 Ellamar Rd.</b> | 2a. Mailing Address<br>26 <b>335 Ellamar Rd.</b> |
| Suite, Apt. #, etc.<br>22                                   | Suite, Apt. #, etc.<br>27                        |
| City & State<br>23 <b>West Palm Beach, FL</b>               | City & State<br>28 <b>West Palm Beach, FL</b>    |
| Zip<br>24 <b>33405</b>                                      | Country<br>25 <b>Palm Beach</b>                  |
| Zip<br>29 <b>33405</b>                                      | Country<br>30 <b>Palm Beach</b>                  |

9. Name and Address of Current Registered Agent

**DUNWORTH, ROY F**  
1500 NORTH CONGRESS AVENUE  
SUITE B18  
WEST PALM BEACH FL

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name<br><b>Roy F. Dunworth</b>                     |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 <b>335 Ellamar Road</b>                            |
| 84 City<br><b>West Palm Beach</b>                     |
| 85 State<br><b>FL</b>                                 |
| 86 Zip Code<br><b>33405</b>                           |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>PSTD</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DUNWORTH, ROY F</b>                      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1500 NORTH CONGRESS AVE, STE B18</b>     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WEST PALM BEACH FL</b>                   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE             | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 2.2 NAME  |   |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |   |
| 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.

SIGNATURE: **Roy F. Dunworth, President** 7/26/99 561-379-2065  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)