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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morti am

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

P97000102150 (4)

KEY ORLANDO, INC.

Mailing Address

FILED May 14 1998 8:00am Secretary of State



6533 ABERCROMBIE COURT ORLANDO FL 32835		6533 ABERCROMBIE COURT ORLANDO FL 32835				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 12/01/1997	
	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For	
21		26	26		59 - 3481813 Not Applicable	
Suite, Apt. #, etc.		Suile, Apl. #, etc.	Suile, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required	
City & State			City & State			
23		28	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Counti	У	8. This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30. 🔀 Yes 🗌 No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
	TEL, PANKJKUMAR D		81	Name		
6533 ABERCROMBIE COURT Orlando FL 32835			82	Street A	Address (P.O. Box Number is Not Acceptable)	
j On	LANDO 1 L 32033		83	3		
			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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Stgnature typed or proted ourse of registered agest and titled applicable (NOTE Registered Agest signature required when reinstating) DATE						
12.	OFFICERS AN	D DIRI CTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	DELETE	1.1 TITLE		Change Addition	
NAME	\$0 NI, VASANTLAL B		1.2 NAME		-	
STREET ADDRESS	6533 AERCROMBIE CT		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CHTY-	}		
TITLE	VD	☐ D£LETE	2.1 THILE	<u> </u>	Change Addition	
NAME	SONI, HANSA V		2.2 NAME			
STREET ADDRESS	6533 AERCROMBIE CT			T ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		2 4 CITY-			
TITLE	VD	DELETE	3.1 TITLE	51-211	Change Addition	
NAME	PATEL, BHANU P		3.2 NAME			
STREET ADDRESS	6533 AERCROMBIE CT			T ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835	ANDO EL 20025		ST-ZIP		
TITLE	VD	DELETE	4.1 TITLE	31-21	Change Addition	
NAME	PATEL, PANKAJKUMAR D		4. 2 NAME		- January	
STREET ADORESS	6533 AERCROMBIE CT			T ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		4.4 CITY-	- 1		
TITLE	STD	DELETE	5.1 TITLE	31-21	☐ Change ☐ Addition	
NAME	PATEL, DHARMENDRA J		5.2 NAME	-	_ Charge _ Hounton	
STREET ADDRESS	7850 BARDMOOR HILL CIR			T ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		5.4 CITY-			
TITLE		DELETE	6.1 TITLE	V1 - EH	Change Addition	
NAME			62 NAME		E Onengo E Addition	
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP						
14. I hereby ci	erlify that the information supplied w	ith this filing does not qualify for	6.4 City - the exemp	tion state	d 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 curporation 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.						