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

PROFIT CORPORATION ANNUAL REPORT 1999



DOCUMENT # P97000104047

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90024 038 ***150.00

1. Corporation KEYS AL	DVERTISING SERVICES, INC	,				 		ani di	
Principal Place	e of Business	Mailing Address	Mailing Address						
1020 SE 15TH FT. LAUDERDAI		1020 SE 15TH STREET FT. LAUDERDALE FL 33316				DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed	701702		
						12/10/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For		ed For
21		26				00 000 1120			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired \$8.75 Additional Fee Required			
City & Stat	6	City & State	·	,,	·	8 Election:Campaign:Financing			ay Be
23		28				Trust Fund Contribution	Add	led to I	Fees
Zip	Country [25]	Zip 30	Coun	try		This corporation owes the current year In Personal Property Tax.	☐ Yes	<u> </u>	(No
	9. Name and Address of Current					10. Name and Address of New Registered	Agent		
	ELL PERDEVA		[8	B1 N	Name				
	VELL, JEFFREY S		1	82 5	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	SE 15TH STREET								
FIL	LAUDERDALE FL 33316		{	83					
ı	•		1	84	City	FL	85 2	Zip Co	de
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND		egistered A	gent siç	gnature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A			
TITLE	P	☐ DELETE	1.1 TITL	E.			Chan	ige	☐ Addition
NAME	POWELL, JEFFREY S		1.2 NAM						
STREET ADDRESS	1020 SE 15 ST		1.3 STR		i				
CITY-ST-ZIP	FT LAUDERDALE FL 33316	DELETE:	1.4 CITY-ST-ZIP		IP		Chan	nge	☐ Addition
TITLE	S TERESA A	U DELETE.	2.1 TITLE 2.2 NAME				Ona	,go	
NAME	POWELL, TERESA A				,porée	·			
STREET ADDRESS	1020 SE 15TH ST FT LAUDERDALE FL 33316		2.3 STREET 2. 4 CITY-5		l l				
CITY-ST-ZIP	FI LAUDENDALE FL 33310	DELETE	3.1 TITL		<u> </u>		Chan	nge	Addition
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STREET ADDRESS	ļ		3.3 STR		ORESS				
CITY-ST-ZIP	{		3.4. CIT		1				
TITLE		☐ DELETE	4.1 TITL				Char	nge	Addition
NAME		ŀ	4. 2 NAI	ME					
STREET ADDRESS			4.3 STR	EET AD	DRESS				
CITY-ST-ZIP		<u> </u>	4.4 CIT	Y-ST-ZI	IP	·			
TITLE		☐ DELETE	5.1 TITL		Ì		☐ Char	ıge	Addition
NAME	200		5.2 NA						
STREET ADDRESS	t2 .				DORESS				
CITY-ST-ZIP			5.4 CITY		IP				☐ Addition
TITLE		☐ DELETE	6.1 TITL				☐ Chan	ige	☐ Addition
NAME			6.2 NAM		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
STREET ADDRESS					DORESS	•			
CITY-ST-ZIP			6.4 CITY	Y-ST-Z	IP				

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

ICER OR DIRECTOR