

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90087 027 ***150.00

DOCUMENT # P98000032623

1. Corporation Name

KEYS PROPERTY ONE, INC.



Principal Place of Business

~~3896 NORTH FEDERAL HIGHWAY #200
FORT LAUDERDALE FL 33308~~

6548 SERENA LANE

BOCA RATON, FL 33433-2725

Mailing Address

~~3896 NORTH FEDERAL HIGHWAY #200
FORT LAUDERDALE FL 33308~~

C/O GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17th STREET, SUITE 301
FORT LAUDERDALE, FL 33316-1735

2. Principal Place of Business

21 6548 SERENA LANE

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON, FL

Zip

24 33433-2725

Country

25 US

2a. Mailing Address

26 C/O GRUBER AND ASSOCIATES, P.A.

Suite, Apt. #, etc.

27 1650 SOUTHEAST 17th STREET, SUITE 301

City & State

28 FORT LAUDERDALE, FL

Zip

29 33316-1735

Country

30 US

9. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525~~
C. DAVID ROSE
6548 SERENA LANE
BOCA RATON, FL
33433-2725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1998

4. FEI Number

65-0864471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

C. DAVID ROSE

82 Street Address (P.O. Box Number is Not Acceptable)

6548 SERENA LANE

83

84 City

BOCA RATON, FL

85

Zip Code

33433-2725

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME DANZANSKY, BERNARD

STREET ADDRESS 3896 NORTH FEDERAL HIGHWAY #200

CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☒ DELETE

NAME LEON, WILLIAM

STREET ADDRESS POST OFFICE BOX 450057

CITY-ST-ZIP SUNRISE FL 33345

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME C. David Rose

1.3 STREET ADDRESS 6548 Serena Lane

1.4 CITY-ST-ZIP Boca Raton, FL 33433-2725

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME S/T/D

2.3 STREET ADDRESS Victorial Rose

2.4 CITY-ST-ZIP 6548 Serena Lane

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99 954-522-2222

CR2E034 (11/98)