PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000045836

KEYS FUND, INC.

Principal Place of Business

SUITS 419 PALM BEACH GA		SUITE 419 PALM BEACH GARDENS FL 33410		
2. Principal Plac	ce of Business	2a. Mailing Address		
21	· · · · · · · · · · · · · · · · · · ·	26		
Suite, Apt. #,	etc.	Suite, Apt. #, et	С	
22	·····	27		
City & State		City & State		
23		28		
Zip	Country	Ζφ	Country	
24	25	29	30	
	9 Name and Address of C	irrent Rogistered Agent	* * * 1	

Mailing Address

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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SICHOLY COSMIL



 Date Incorporated or Qualified 05/21/1998 		, ,		
4, FEI Number			Applied For Not Applicab	
550837781		1 1	Not Applicab	
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 curre	ot year t	ntang ble		
Personal Property Tax		[Yes	ElNo	

Spiegel	&	Utre	era,	\mathbf{P}	Α.
Street Address (P.O. E. 343 A.	lme	lumberis ⊇ ria	Not Ac Ave	ceptab e nu	le) ⊇

B4 City Coral Gables FL 85 33134 above named corporation submits this statement for the purpage of changing its registered

11.	Pursuant to the provisions of Sections 607/ office or registered agent, or both in the 304 agent. I am familia to it control to the NATURE By:	502 and 607.1508, Florida Statut	es, the above named co	rporation submits this statemen	nt for the purpage of changing its registered
	office or registered agent, or both, in the sign	le of Florida. S <u>u</u> ch change was a	uthorized by the corpora	dion's board of directors. There	by accept this appointment as registered.
	agent. I am familia prince and unapplication	griens g′, SedHun A ∩7.0505, Ftα	rida Statutes		
	D	====			(1:17K16
StG	NATURE DY:	```			4/11/7/

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12.	OFFICERS AND DIRECTORS	13.
TITLE	PSTD T [] DELETE	11 THE
NAME	SELAH, ROGER	1.2 NAME
STREET ADDRESS	8902 NORTH MILITARY TRAIL	13 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	14 City-ST-ZiP
TITLE	[] DELETE	21 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 OTY-S1-ZiP
TITLE	[] DELETE	3 1 THLF
NAME		3.2 NAME
STREET ADDRESS		33 STREET ADDRESS
CiTY-ST-ZiP		3.4 CITY-ST-7IP
TITLE	[] DELETE	4 1 TiTLE
NAME		4 2 NAME
STREET ADORESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CHY-ST-ZIP
4:TLE	[] DELETE	51 YercF
NAME		5.2 NAME
STREET ADDRESS		53 STREET ADORESS
CITY-ST-ZIP		54 CrtY-S1-ZiP
TITLE	[] DELETE	6 THEF
NAME		6.2 NAME
STREET ADDRESS		63\$TREET ADDRESS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[]Change []Addion

[]Change []Addition

[] Change [] Addition

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14. Thereby 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 logal 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, on an attachment with an address, with all other like physowered.

SIGNATURE

URE WIND WEED OF TRINITED NAME OF SIGNING OFFICER OR DIRECTOR

12 20, Ola T-4/5/1599

CR2E034 (11/98)