PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000050312 KEY KARD, INC.

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

05-06-1999 90053 004 ***150.00



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Principal Place	of Business	Mailin	ng Address							
C/O JACK FRIE			IACK FRIEDMAN				1			
4476 ROYAL FERN WAY 4476 ROYAL FERN WAY RALL STATE OF THE						חם אחד שמודב וע	THIS SPACE			
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS F				L 33410			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
• • •	- .						06/03/1998			
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_ ;	lace of Business	<u> </u>					1-5-28002343	├	• • •	Applicable
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Suite, Apt.	#, etc.		uite, Apr. #, otc.				5. Certificate of Status Desired		e Rec	
22		27	ity & State				6. Election Campaign Financing	\$ 5	00 4	May Be
City & State	•				-		Trust Fund Contribution			Fees
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24	9. Name and Address of Curre		nd Agent	30	1		10. Name and Address of New Regist	ered Agent		
	9. Name and Address of Curre	AND LANGUE	regun		81	Name				
FRIE	DMAN JACK				Ц					
	JACK FRIEDMAN				82	Street Add	iress (P.O. Box Number is Not Acceptable)			
	ROYAL FERN WAY				83					
	W BEACH GARDENS FL 33410				-					
					84	City	•	FL 85	Zip C	ode
11. Pursuant office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the obliging states. Speed or printed name of registered agents.					named con the corporat	poration submits this statement for the purpo- ion's board of directors. I hereby accept the ad when reinstating)	se of changin appointment a		
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6.4 CITY-ST-ZIP CTTY-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 suppliemental 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 appointment with an address, with all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

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