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

Mailing Address 3450 PALENCIA DRIVE

TAMPA FL 33618

PROFIT CORPORATION ANNUAL REPORT

1999

14. I hereby certify that the information st indicated on this annual report or sup officer or director of the corporation of Block 12 or Block 13 if changed, or

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000071479

1. Corporation Name

Principal Place of Business

3450 PALENCIA DRIVE

TAMPA FL 33618

KEYSTROKE TECHNOLOGIES, INCORPORATED

								3. Date Incorporated or Qualified								
2. Principal Place of Business 2a. Mailing Address									08/13/1998 4. FEI Number				Т	Ann	Applied For	
2. Principal Place of Business			—						59-3528			8257			Applicable	
21 ~		26	Suite, Apt. #, etc.									\$8				
Suite, Apt. #, etc		27						*** \$8.75 Additional Fee Required								
City & State			City & State					6. Election Campaign Financing \$5.00 May Be								
23			·					Trust Fund Contribution Added to Fees								
Zip	Country Zip					Country			8. This corporation owes the current year Intangible							
24 25			30					Personal Property Tax. Yes No								
Name and Address of Current Registered Agent						,		10. Name	e and A	ddress of	New Re	jistered	Agent		_	
					81	Name		(54	me	.)						
GARBETT, JAMES S ESQUIRE			82 Street Addre					ress (P.O. Box Number is Not Acceptable)								
3450 PALENCIA DRIVE			420					9 E. Bush Blud.								
#20 01			7			3										
TAMPA FL 33618						City -							85	Zip C	ode .	
					84	,		nPA				FL	_ }	330	617	
11. Pursuant t	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statute	s, the a	bov	e-named o	orpora	ation subm	nits this	statement	for the pu	rpose of	changi	ng its r	egistered	
) office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	t Flore	da. Such change was au	itnorized	עם ו	r the corpo	ration's	s board of	director	rs. I nereby	y accept t	ne appo	ınımenı	as reg	Stereo	
_	II Izitinzi Willi, and accept the congen	0110 01	, 0000011 00110000, 1 101			-										
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE:	Registered	Age	nt signature re	duired w					DATE				
12.	OFFICERS AND			13.				ADDIT	IONS/C	HANGES	TO OFFI	CERS A				
TITLE	VTD		- □ DELETE	1.1 T	ΠE		7~	eside	N,				□ Cł	nange	Addition	
NAME .	varnado, melanie			1.2 NA	WE		ゴ	im	VAC	nado encin	7	#20	w /			
STREET ADORESS	3450 PALENCIA DRIVE, #2001			1.3 \$7	REE	TADDRESS	34	50	YAL	enoin	Vr.	- 20	U I			
CITY-ST-ZIP	TAMPA FL 33618			1.4 ÇI	TY-S	ST-ZIP		TAMI	OR	FL	3	<u> 361</u>	8			
TITLE			☐ DELETE	2.1 77	TLE								CI	nange	☐ Addition	
NAME				2.2 N	ME											
STREET ADDRESS				2.3 \$1	REE	TADDRESS										
CITY-ST-ZIP "	معدد بالمهي			2. 4 C	ITY-S	ST-ZIP		-					•			
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NAME				32 N	ME	•										
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CITY-ST-ZIP				3.4. C	ITY-S	ST-ZIP										
TITLE			☐ DELETE	4.1 TI	TLE					_			CI	nange	☐ Addition	
NAME				4.2N	AME	:										
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CITY-ST-ZIP				4.4 CI	TY-S	ST-ZIP										
TITLE			☐ DELETE	5.1 TI	TLE									nange	Addition	
NAME				5.2 N	ME											
STREET ADDRESS				5.3 S1	REE	TADDRESS										
CITY-ST-ZIP				5.4 CI	TY-S	ST-ZIP										
TITLE			☐ DELETE	6.1 TI	TLE									nange	Addition	
NAME				6.2 N	ME											
STREET ADDRESS				6.3 S	TREE	ET ADDRESS										
CITY-ST-ZIP			\wedge	6.4 CI	TY-S	ST-ZIP										
JIII - JI - ZI - ZI -																

ied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fiental 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 an occurrence to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90197 010 ***150.00

DO NOT WRITE IN THIS SPACE