

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

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90116 011 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000093484

1. Corporation Name
KEYS RADIO CORP.

Principal Place of Business
22500 PIECES OF EIGHT ROAD
CUDJOE KEY FL 33042

Mailing Address
P.O. BOX 420249
SUMMERLAND KEY FL 33042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified X 11/04/1998 1-01-1999	
4. FEI Number 65-0881721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

PARRISH, JERRY
22500 PIECES OF EIGHT ROAD
CUDJOE KEY FL 33042

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	CEO, PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, JERRY	1.2 NAME	JERRY PARRISH
STREET ADDRESS	P.O. BOX 420249 N/A	1.3 STREET ADDRESS	22308 JOLLY ROGER DR
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	1.4 CITY-ST-ZIP	CUDJOE, FL 33042
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	THERESA PARRISH
STREET ADDRESS		2.3 STREET ADDRESS	22308 JOLLY ROGER DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CUDJOE KEY FL 33042
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MARY E. PETERSON
STREET ADDRESS		3.3 STREET ADDRESS	22500 PIECES OF EIGHT RD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CUDJOE KEY FL 33042
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Jerry Parrish* REQUIRED JERRY PARRISH 1-8-99 305 745 9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)