

FILED
May 03, 2000 8:00 am
Secretary of State
01-19-2000 90190 004 ***150.00

DOCUMENT # P99000019276			
1. Entity Name KEYS WEST KEYS OF BROWARD, INC.			
Principal Place of Business 6200 NE 22ND WAY FT. LAUDERDALE FL 33308		Mailing Address 6200 NE 22ND WAY FT. LAUDERDALE FL 33308-2207	
2. Principal Place of Business 2772 N. UNIVERSITY Suite, Apt. #, etc. N.R.		3. Mailing Address SAME AS N.R. 2 Suite, Apt. #, etc.	
City & State Sunrise FL		City & State	
Zip 33322	Country Broward	Zip	Country
6. Name and Address of Current Registered Agent MACARSKI, WILLIAM 6200 NE 22ND WAY FT. LAUDERDALE FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: SIGNATURE REQUIRED		Date 1-11-2000 Daytime Phone # 578-3050	



DO NOT WRITE IN THIS SPACE