


FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> DOCUMENT # S28221 1. Corporation Name KEY CAPITAL CORPORATION </div> <div style="font-size: 2em; font-weight: bold;">(7)</div> </div>		
Principal Place of Business 1722 S MISSOURI AVE CLEARWATER FL 34616		Mailing Address 1722 S MISSOURI AVE CLEARWATER FL 34616-1223
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">25</div> Country </div> <div style="border: 1px solid black; padding: 2px;">24</div>	2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">30</div> Country </div> <div style="border: 1px solid black; padding: 2px;">29</div>	
g. Name and Address of Current Registered Agent		
IMBIOR, M. E. 1722 S MISSOURI AVE CLEARWATER FL 34616		<div style="border: 1px solid black; padding: 2px;">81</div> Name <div style="border: 1px solid black; padding: 2px;">82</div> Street Address <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84</div> City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or 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 file, if applicable. (Both Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
12. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 5px;"> D SHEA, JOHN B. 1722 S MISSOURI AVE CLEARWATER FL </div> <div style="text-align: right; padding-top: 10px;"> <input type="checkbox"/> DELETE </div>	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> DELETE </div>	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> DELETE </div>	

14. I do 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. MAR 1, 2007

SIGNATURE

MAR 1, 1997

CR2E034 (9/96)