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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90106 031 ***150.00

DOCUMENT	#	S7761	3
1 Corporation Name		9 9 .	_

KEY MORTGAGE CORP.

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Principal Place	of Business	Mailing Address	·····	_		e indiinia iti tabii	(8819 A118) HARB IIII A1811 A	1811 A1811 A1811 A1	B 0 E E
8051 N TAMIAN	u TR	8051 N TAMIAMI TR							
SUITE 42	SUITE 42		1						
SARASOTA FL	· · · · · · · · · · · · · · · · · · ·		L	DO NOT WRITE IN THIS SPACE					
<u>US</u>	<u></u>	U\$:	3. Date Incorporated o	r.Qualifed		
		· · · · · · · · · · · · · · · · · · ·	_			09/03/1991			15-15-
2. Principal Pl	ace of Business	2a. Mailing Address		-	4. FEI Number		→ → · · ·	olied For	
21		26			<u>65-0281016</u>			Applicable	
Suite, Apt.	27			5. Certificate of Status Desired 5. Fee Required Fee Required					
City & State	9	City & State		ļ	6. Election Campaign I	- 11	\$5.00		
23		[28]			Trust Fund Contribution Added to Fees				
Zip '	Country	Zip	Con	ntry		8. This corporation ow			□No
24	25	29	30			Personal Property Tax. Li Yes Lil 10. Name and Address of New Registered Agent			
<u></u>	9. Name and Address of Current	Registered Agent		81 Name		10. Name and Address	AA AA	Agent	
RISH	IOP, GERALD F			11	B	(工学)	MOKKT	عدد	7
	RINGLING BLVD			82 Street	Address	s (P.O. Box Number is N	lot Acceptable)	TO.	ガムフ
	E 218F			<u> </u>	as .	<u> </u>	J-PAM+	<u> </u>	
	ASOTA FL 34237			83					
OAT	A301A 1 L 3423/			84 City	<u> </u>	0000	1. FI	85 Zip C	ode
1					<u> </u>	64201V	FL	. 34	Z43
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu f Florida, Such change was a	tes, the a authorized	bove-named I by the cord	d corpora coration's	ition submits this statem s board of directors. I he	ent for the purpose of reby accept the appoi	changing its ntment as reg	registered jistered
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, El	rida Stat	utes.			, 7	00	
SIGNATURE	158	VT. > 1/10		کاری			1-1-	78	
	Signature typed or printed name of registered agent		: Register	Agent e gnature	required wh	hen reinstating)	DATE	ID DIDECTO	DC IN 12
12.	OFFICERS AND	D DIRECTORS	$\sqrt{1^{13}}$			ADDITIONS/CHANG	ES TO OFFICERS AF	Change	Addition
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NAME	MORRISSEY, BRIAN T.		1.2 N						<u></u>]
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CITY+ST+ZIP,	BRADENTON FL 34203	·	_	TY-ST-ZIP	├ ─			Change	Addition
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CITY-ST-ZIP			_	ITY-ST-ZIP	↓				
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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.