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

**PROFIT** CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S81097

KEY FINANCIAL ADVISORS, INC.

incipal Place of Business Mailing Address								# 10031010 101 FEFE 1201 DOSID 11	<b>e</b> lle 1 <b>60</b> 6 <b>0</b> 202 (	HON OITH DIEL	( B) B() B) B() (BB(
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								Date Incorporated or Qualifed		3,702	
							Ì	09/12/1991			,
Principal P	lace of Business	2a. M	ailing Address					4. FEI Number		T A	pplied For
		26						65-0289254			ot Applicable
Suite, Apt. #, etc.  City & State		<b>├</b> ──	Suite, Apt. #, etc.				-	5. Certifcate of Status Desired			Additional
		27	City & State							lequired	
		28			ļ	Election Campaign Financing     Trust Fund Contribution			May Be		
Zip Country			Zíp Country			-+	Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible				
		29 30			ه آ			Personal Property Tax.			
	9. Name and Address of Curre							10. Name and Address of New F	Registered	Agent	
CEM	WANDEZ OUADIEG I				81	Name					
	NANDEZ, CHARLES J. HARBOR CIRCLE			1	82	Street	Addres	s (P.O. Box Number is Not Accepta	abie)		
	BISCAYNE FL 33149								- ··		
NET	DISCATINE FL 33148			İ	83						I
				į	84	City		<del></del>	51	85 Zip	Code
Duranant	to the provisions of Sections 607.05	02 and 607	*E09 Elorida Statutos	thoa	2010	-amod		tion authority this statement for the	FL	changing its	- ragistared
office or r	egistered agent, or both, in the State	of Florida.	Such change was auth	horized	d by th	he corpo	oration'	s board of directors. I hereby accep	t the appoi	otment as re	egistered
agent. I a	m familiar with, and accept the oblig	ations of, Se	ction 607.0505, Florid	la Stati	utes.						
IND HIDE											1
	Signature, typed or printed name of registered age	ent and title if app	riicable. (NOTE: R	egistered	Agent	signature r	equired w	hen reinstating)	DATE		<del></del> (
	Signature, typed or printed name of registered age OFFICERS A			tegistered	Agent	signature r	equired w	nen reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 fustee 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.

**FILED** 

Feb 21, 1999 8:00 am Secretary of State

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