## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996	DIVISION OF C	CORPORATIONS			
	MENT # \$830	17 (1)				
KEY G	alleon properties, in	NC.				
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	<b></b>					
Principal Place	of Business,	Mailing Address				
100 W. CYPRESS CREEK RD.		100 W. CYPRESS CREEK RD.				
SUITE 700	ALE FL 33309	Suite 700 Ft lauderdale fl 333	ino			
TT ENDOCTED	ALL 16 00005	FI ENOUGHDALE PE SOL	<b>10</b> 5	3. Date Incorporated or Qualified	3a. Date of Last	
				09/26/1991	03/15/1	1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		59-3087344		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	,	75 Additional
City & State		City & State		6. Election Campaign Financing		e Required
23		28		Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	·	
24	25	29	30		s ∐No	
	9. Name and Address of Curi	rent Registered Agent		10. Name and Address of New	Registered Agent	
			81 Name			
	POON, GERALD		82 Street A	ddress (P.O. Box Number is Not Accepta	ible)	
	st cypress creek RD.					
SUITE 7			83			
FT LAUD	XERDALE FL 33309		84 City		85	Zip Code
					-L.	·
44 D.	a tha arada ana at Pertana CA7 Af					
11. Pursuant to	of eagent, or both, in the State of Fi	502 and 607.1508, Florida Statutes	, the above named con	poration submits this statement for the pu	urpose of changing it	ts registered office
or registere	o the provisions of Sections 607.03 ed agent, or both, in the State of Fi h, and accept the obligations of, Si	forida. Such change was authorized	, the above named cor d by the corporation's t	poration submits this statement for the publicand of directors. I hereby accept the app	urpose of changing it pointment as register	ts registered office red agent 1 am
or registere	ed agent, or both, in the State of Fi	forida. Such change was authorized	, the above named cor d by the corporation's t	poration submits this statement for the pu poard of directors. I hereby accept the app	urpose of changing it pointment as register	is registered office red agent I am
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certify that the information indicated on this 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 curporation of 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 an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 NA496 (407)638-4982