

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morone
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V01729** (5)

1. Corporation Name

KEY'S KOIN INC.

Principal Place of Business

**445 N.W. 16TH STREET
HOMESTEAD FL 33030**

Mailing Address

**445 N.W. 16TH STREET
HOMESTEAD FL 33030**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**SCHMIDT, KEITH E.
445 N.W. 16TH STREET
HOMESTEAD FL 33030**

3. Date Incorporated or Qualified
12/19/1991

3a. Date of Last Report
04/18/1995

4. FCI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 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 title (if applicable)

(NOTE: Registered Agent signature required when agent changes)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SCHMIDT, MERRI F.**
STREET ADDRESS **445 N.W. 16TH STREET**
CITY- ST- ZIP **HOMESTEAD FL**

TITLE ☐ DELETE
NAME **D SCHMIDT, KEITH E.**
STREET ADDRESS **445 N.W. 16TH STREET**
CITY- ST- ZIP **HOMESTEAD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY- ST- ZIP ☐ Change ☐ Addition

5. CITY- ST- ZIP ☐ Change ☐ Addition

6. CITY- ST- ZIP ☐ Change ☐ Addition

7. CITY- ST- ZIP ☐ Change ☐ Addition

8. CITY- ST- ZIP ☐ Change ☐ Addition

9. CITY- ST- ZIP ☐ Change ☐ Addition

10. CITY- ST- ZIP ☐ Change ☐ Addition

11. CITY- ST- ZIP ☐ Change ☐ Addition

12. CITY- ST- ZIP ☐ Change ☐ Addition

13. CITY- ST- ZIP ☐ Change ☐ Addition

14. CITY- ST- ZIP ☐ Change ☐ Addition

15. CITY- ST- ZIP ☐ Change ☐ Addition

16. CITY- ST- ZIP ☐ Change ☐ Addition

17. CITY- ST- ZIP ☐ Change ☐ Addition

18. CITY- ST- ZIP ☐ Change ☐ Addition

19. CITY- ST- ZIP ☐ Change ☐ Addition

20. CITY- ST- ZIP ☐ Change ☐ Addition

21. CITY- ST- ZIP ☐ Change ☐ Addition

22. CITY- ST- ZIP ☐ Change ☐ Addition

23. CITY- ST- ZIP ☐ Change ☐ Addition

24. CITY- ST- ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH SCHMIDT

APRIL 1 1996 (305) 241-8379

Date

Daytime Phone #

CR2E034 (12/95)

14-10-96