

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V04831 (6)

1. Corporation Name
KEYS EMPLOYMENT AGENCY, INC.

Principal Place of Business 613 BLACKBEARD RD LITTLE TORCH KEY FL 33042 US	Mailing Address P.O. BOX 1873 BIG PINE KEY FL 33043
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2. Principal Place of Business 21 611 BLACKBEARD ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/08/1992	3a. Date of Last Report 04/08/1996
22 City & State 23 LITTLE TORCH KEY, FL		27 City & State 28		4. FEI Number 65-0307794	Applied For Not Applicable
24 33042		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GLENN, DONNA 613 BLACKBEARD ROAD SUITE 11 LITTLE TORCH KEY FL 33042				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 611 BLACKBEARD ROAD	
83				84 City LITTLE TORCH KEY	
85 State FL				86 Zip Code 33042	

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: _____ (NOTE: Registered Agent signature required when reappointing) _____ **DATE** _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D	NAME GLENN, DONNA	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE			1.2 NAME
STREET ADDRESS 613 BLACKBEARD ROAD	CITY - ST - ZIP LITTLE TORCH KEY FL			1.3 STREET ADDRESS 611 BLACKBEARD ROAD			1.4 CITY - ST - ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE			2.2 NAME
STREET ADDRESS	CITY - ST - ZIP			2.3 STREET ADDRESS			2.4 CITY - ST - ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE			3.2 NAME
STREET ADDRESS	CITY - ST - ZIP			3.3 STREET ADDRESS			3.4 CITY - ST - ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE			4.2 NAME
STREET ADDRESS	CITY - ST - ZIP			4.3 STREET ADDRESS			4.4 CITY - ST - ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE			5.2 NAME
STREET ADDRESS	CITY - ST - ZIP			5.3 STREET ADDRESS			5.4 CITY - ST - ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE			6.2 NAME
STREET ADDRESS	CITY - ST - ZIP			6.3 STREET ADDRESS			6.4 CITY - ST - ZIP

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.

SIGNATURE:  **DONNA GLENN** **4/8/97** **305-872-9692**

CR2E034 (9/96)