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**

DOCUMENT # V04831

KEYS EMPLOYMENT AGENCY, INC.

Principal Place of Business Mailing Address								
611 BLACKBEA LITTLE TORCH		P.O. BOX 1973 BIG PINE KEY FL 33043		DO NOT	WRITE IN THIS	SPACE		
US					3. Date Incorporated or Qual 01/08/1992		. 0. 702	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
21		⊢ ' *	26		65-0307794		<u> </u>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·'			,	\$8.75 A	dditional
22		27	7		5. Certificate of Status Desire	d '□	Fee Re	quired
City & State		City & State			6. Election Campaign Finance	ing 🖂	\$5.00	May Be
23		28	:8		Trust Fund Contribution	<u> </u>	Added to	Fees
Zip Country		Zip	Zip Country		8. This corporation owes the	current year In		
24	25	29 30)		Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of N	ew Registered	Agent	
O) E	UNI DOMINIA		81	Name				
	NN, DONNA		82	Street Add	Iress (P.O. Box Number is Not Acc	eptable)		
611 BLACKBEARD RD			L		`			
LITTLE TORCH KEY FL 33042			83		•			
			84	City		FL	85 Zip C	ode
44 Dumuent	to the provisions of Sections 607.050.	2 and 607 1508 Florida Statutes	the abov	e-named corr	poration submits this statement for	the purpose of	changing its	registered
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was auth	iorized by	the corporati	ion's board of directors. I hereby a	ccept the appo	intment as reg	jistered
SIGNATURE					-1-4	DATE		
40	Signature, typed or printed name of registered agen	n and title if applicable. (NOTE: Re	13.	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
12.	D OFFICERS AN	DELETE	1.1 TITLE		ADDITIONO/OTANGES TO	OTTIOETO 74	Change	Addition
TITLE	GLENN, DONNA		1.2 NAME				_	
NAME	611 BLACKBEARD ROAD			T ADDRESS				
STREET ADDRESS	LITTLE TORCH KEY FL			1				
CITY-ST-ZIP	BITCE TOROTT RETTE		1.4 CITY+S 2.1 TITLE	1-ZIP			Change	Addition
TITLE		CJ OLLET	2.2 NAME					-
NAME								
STREET ADDRESS) 		6	TADDRESS	~			
CITY-ST-ZIP		☐ DELETE	2.4 CITY-8	51-ZIP			Change	Addition
TITLE			3.2 NAME					_
NAME				TADODEOO				
STREET ADDRESS				TADORESS				
CITY-ST-ZIP		☐ DELETE	3.4. CTTY-5 4.1 TITLE	SI-AP			Change	Addition
TITLE			4.1 HILE 4.2 NAME					_
NAME				TADDDESS				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY+S 5.1 TITLE	1-ZIP	····		☐ Change	Addition
TITLE		OFFE-12	5.1 NAME	ļ				
NAME !				T ADORESS	•			
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP		☐ DELETÉ	6.1 TITLE		4.		[] Change	Addition
TITLE			6.2 NAME					
NAME ;	258 3553		t .	T ADDRESS				
STREET ADDRESS		•	6.4 CITY-S					
CITY-ST-ZIP *	print the man is all and the supply the		0.4 0111-0))-ZIF				

CITY-ST-ZIP * 14. 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.

SIGNATURE:

WEEREQUIPONNA GLENN

4/26/99

305-872-9692 Daytime Phone #

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90109 038 ***150.00