

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V18532** (4)

1. Corporation Name

THE PERSONAL TOUCH OF THE KEYS, INC.



Principal Place of Business 3700 SUNRISE LANE KEY WEST FL 33040	Mailing Address 3700 SUNRISE LANE KEY WEST FL 33040
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1992	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0325003	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DRESCHER, ALICE P 3700 SUNRISE LANE KEY WEST FL 33040		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESCHER, GEORGE L	1.2 NAME	
STREET ADDRESS	3700 SUNRISE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	
TITLE	EVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESCHER, ALICE P	2.2 NAME	
STREET ADDRESS	3700 SUNRISE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE	CEOS	3.1 TITLE	CEO/ST Correction <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEJELLO, MARGARET	3.2 NAME	
STREET ADDRESS	68-34 FLEET ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FOREST HILLS NY	3.4 CITY-ST-ZIP	
TITLE	CEOV	4.1 TITLE	VP/CFD Correction <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MILLIE	4.2 NAME	
STREET ADDRESS	26 PASADENA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	N BABYLON NY	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIZEMORE, WESLEY	5.2 NAME	
STREET ADDRESS	1216 ANGELA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: _____

CR2E034 (10/97)