

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 # V18532

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

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90085 028 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1992

4. FEI Number

65-0325003

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 owes the current year Intangible  
Personal Property Tax.



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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DRESCHER, GEORGE L	
STREET ADDRESS	3700 SUNRISE LANE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	DRESCHER, ALICE P	
STREET ADDRESS	3700 SUNRISE LANE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	CEOS	<input type="checkbox"/> DELETE
NAME	TEJELO, MARGARET	
STREET ADDRESS	68-34 FLEET ST	
CITY-ST-ZIP	FOREST HILLS NY	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	SULLIVAN, MILLIE	
STREET ADDRESS	26 PASADENA DR	
CITY-ST-ZIP	N BABYLON NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SIZEMORE, WESLEY	
STREET ADDRESS	1216 ANGELA ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VP/CF0 CORRECTION <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

*George L. Drescher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George L. Drescher 3/24/99 305/294-9296

Date

Daytime Phone #

CR2E034 (1/98)