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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V56928

1. Corporation Name
GS. KEY & ASSOCIATES

Principal Place of Business
141 S. MAIN STREET
Suite 211
Belle Glade, FLORIDA 33430

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8/12/92

2. Principal Place of Business
21 141 S. MAIN ST.
Suite, Apt. #, etc.
22 211
City & State
23 Belle GLADE, FL
Zip
24 33430
Country
25 ~~PALM BEACH~~

2a. Mailing Address
26 141 S. MAIN ST.
Suite, Apt. #, etc.
27 211
City & State
28 Belle Glade, FLA.
Zip
29 33430
Country
30

4. FEI Number
59-1004604
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30 ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
T. J. CUNNINGHAM
CROSS ROADS BUILDING
SUITE 201
WEST PALM BEACH, FL. 33409

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 Section 607.0505 and 607.0508, 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 T. J. CUNNINGHAM
Signature of Registered Agent (required if a change is being made) DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT, SECRETARY, TREASURER ☐ DELETE
NAME GWENDOLYN S. KEY
STREET ADDRESS 141 S. MAIN STREET, #211
CITY-ST-ZIP Belle Glade, FLA. 33430

TITLE DIRECTOR ☐ DELETE
NAME GWENDOLYN S. KEY
STREET ADDRESS 141 S. MAIN ST. #211
CITY-ST-ZIP Belle Glade, FLA. 33430

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***150.00

CR2E034 (10/97)

14. I hereby certify that the corporation named in this document is not qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 or in a separate attachment with proper instructions.

SIGNATURE: 4/27/98 561-992-4208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #