FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V63044** **(4)**

1. Corporation Name
KEYS HOME MANAGEMENT CORP.

Principal Place of Business	Mailing Address
POST OFFICE BOX 87 ISLAMORADO FL 33036	POST OFFICE BOX 87 ISLAMORADO FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1992	3a. Date of Last Report: 04/15/1994
4. FEI Number: 65-0362229	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

LEVITT, HERBERT
83 W PLAZA DEL LAGO
ISLAMORADA FL 33036

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	ACHENBERG, DONALD	12 NAME	Delete Donald Achenberg
STREET ADDRESS	218 BISCAYNE BLVD.	13 STREET ADDRESS	
CITY ST ZIP	ISLAMORADO FL	14 CITY ST ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	LEVITT, HERBERT	22 NAME	DP
STREET ADDRESS	83 W PLAZA DEL LAGO	23 STREET ADDRESS	LEVITT, HERBERT
CITY ST ZIP	ISLAMORADA FL	24 CITY ST ZIP	83 W. PLAZA DEL LAGO ISLAMORADA, FL. 33036
TITLE		31 TITLE	SEC/TREAS. ☐ Change ☒ Addition
NAME		32 NAME	MARION LEVITT
STREET ADDRESS		33 STREET ADDRESS	83 W. PLAYA DEL LAGO
CITY ST ZIP		34 CITY ST ZIP	ISLAMORADA, FL. 33036
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: HERBERT LEVITT 4/12/95 305-664-2383
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0423000 FP