

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

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000004732 (1)**  
 1. Corporation Name  
**KEY PARTNERS, INC.**



Principal Place of Business <b>15 ELLSWORTH LN ST LOUIS MO 63124</b>	Mailing Address <b>15 ELLSWORTH LN ST LOUIS MO 63124-1413</b>
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<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

<b>3</b> Date Incorporated or Qualified <b>09/16/1996</b>	<b>3a</b> Date of Last Report
<b>4</b> FEI Number <b>43-1755222</b>	Applied For Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**KARL, JAMES L II**  
**975 N COLLIER**  
**MARCO ISLAND FL 33937**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DOP</b>	<input type="checkbox"/> DELETE	
NAME	<b>CANEPA, CHRISTOPHER J</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>15 ELLSWORTH LN</b>		
CITY-ST-ZIP	<b>ST LOUIS MO 63124</b>		
TITLE	<b>DCV</b>	<input type="checkbox"/> DELETE	
NAME	<b>MUNSCH, ROBERT F</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>7406 BUCKINGHAM</b>		
CITY-ST-ZIP	<b>ST LOUIS MO 63105</b>		
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE	
NAME	<b>CERVANTES, LUCIUS CRAIG</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5214 WASHINGTON PL</b>		
CITY-ST-ZIP	<b>ST LOUIS MO 63108</b>		
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE	
NAME	<b>ROSNER, JAMES C</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>45 A PROGRESS PKWY</b>		
CITY-ST-ZIP	<b>MARYLAND HEIGHTS MO 63043</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

**14.** I do 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: \_\_\_\_\_ DATE: \_\_\_\_\_

CR2E034 (9/96)