

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/16/1996</b>	
21	22	26	27	4. FEI Number <b>43-1755222</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
City & State		City & State		Not Applicable	
23	24	28	29	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25	26	30	31	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				10. Name and Address of New Registered Agent			
<b>KARL, JAMES L II</b> <b>975 N COLLIER</b> <b>MARCO ISLAND FL 33937</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	<b>DCP</b>	1.1 TITLE	<b>DCP+S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANEPA, CHRISTOPHER J</b>	1.2 NAME	<b>CHRISTOPHER J. CANEPA</b>
STREET ADDRESS	<b>15 ELLSWORTH LN</b>	1.3 STREET ADDRESS	<b>15 ELLSWORTH LN,</b>
CITY-ST-ZIP	<b>ST LOUIS MO 63124</b>	1.4 CITY-ST-ZIP	<b>ST. LOUIS, MO, 63124</b>
TITLE	<b>DCV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNSCH, ROBERT F</b>	2.2 NAME	
STREET ADDRESS	<b>7406 BUCKINGHAM</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST LOUIS MO 63105</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CERVANTES, LUCIUS CRAIG</b>	3.2 NAME	
STREET ADDRESS	<b>5214 WASHINGTON PL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST LOUIS MO 63108</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSNER, JAMES C</b>	4.2 NAME	
STREET ADDRESS	<b>45 A PROGRESS PKWY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARYLAND HEIGHTS MO 63043</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 a 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: *Christopher J. Canepa* 3/18/98 (314) 993-1122

CR2E034 (10/97)