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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90018 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000004732

1. Corporation Name
KEY PARTNERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 15 ELLSWORTH LN ST LOUIS MO 63124	Mailing Address 15 ELLSWORTH LN ST LOUIS MO 63124
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3. Date Incorporated or Qualified 09/16/1996	
4. FEI Number 43-1755222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANEPA, CHRISTOPHER J	1.2 NAME	
STREET ADDRESS	15 ELLSWORTH LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63124	1.4 CITY-ST-ZIP	
TITLE	DCV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNSCH, ROBERT F	2.2 NAME	
STREET ADDRESS	7406 BUCKINGHAM	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63105	2.4 CITY-ST-ZIP	
TITLE	DCPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANEPA, CHRISTOPHER J	3.2 NAME	
STREET ADDRESS	15 ELLSWORTH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63124	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSNER, JAMES C	4.2 NAME	
STREET ADDRESS	45 A PROGRESS PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63043	4.4 CITY-ST-ZIP	
TITLE		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		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 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: CHRISTOPHER J CANEPA 4/23/99 (314) 993-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)