

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -7 PH 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 383345 (6)

1. Corporation Name  
**CENTRAL KEYS DEVELOPMENT CORP.**

Principal Place of Business: 82905 US HWY 1  
P.O. BOX 324  
ISLAMORADA FL 33036

Mailing Address: 82905 US HWY 1  
P.O. BOX 324  
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/07/1971</b>	3a. Date of Last Report <b>02/03/1994</b>
4. FCI Number <b>59-1401562</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WOOD, RICHARD A  
82905 OVERSEAS HIGHWAY  
P.O. BOX 324  
ISLAMORADA FL 33036**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 the block(s) \_\_\_\_\_ (NOTE: Registered Agent signature required when registered)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOOD, RICHARD A
STREET ADDRESS	U.S. HWY. #1
CITY-ST-ZIP	ISLAMORADA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my appointment shall have the same legal effect as if made under oath, that I am an eligible resident of the State of Florida, or the incorporator or holder of 10% or more of the total number of shares of the corporation, and that my name appears in Block 1 or Block 2 of Block 13 of this document, or in an attachment thereto.

SIGNATURE: *Richard A. Wood* 2-27-95 305-664-8823  
RICHARD A. WOOD (Typed Name of Director or Officer) (Typed Name)