

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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: 82906 US HWY 1, P.O. BOX 324, ISLAMORADA FL 33036

3. Date Incorporated or Qualified: **06/07/1971**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **59-1401562**
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
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25, Country: 29, Country: 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: B1 Name, B2 Street Address, B3, B4 City, B5 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	
2. NAME	WOOD, RICHARD A	2. NAME	
3. STREET ADDRESS	U.S. HWY. #1	3. STREET ADDRESS	
4. CITY-ST-ZIP	ISLAMORADA FL	4. CITY-ST-ZIP	
5. TITLE		5.1 TITLE	
6. NAME		6.2 NAME	
7. STREET ADDRESS		7.3 STREET ADDRESS	
8. CITY-ST-ZIP		8.4 CITY-ST-ZIP	
9. TITLE		9.1 TITLE	
10. NAME		10.2 NAME	
11. STREET ADDRESS		11.3 STREET ADDRESS	
12. CITY-ST-ZIP		12.4 CITY-ST-ZIP	
13. TITLE		13.1 TITLE	
14. NAME		14.2 NAME	
15. STREET ADDRESS		15.3 STREET ADDRESS	
16. CITY-ST-ZIP		16.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 for the reporting period, and that I am authorized 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: *Richard A Wood Pres* 1-26-96 305-664-8823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)