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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 383345 (6)

1. Corporation Name
CENTRAL KEYS DEVELOPMENT CORP.



Principal Place of Business Mailing Address
82905 US HWY 1 P.O. BOX 324 ISLAMORADA FL 33036
82905 US HWY 1 P.O. BOX 324 ISLAMORADA FL 33036-0324

3. Date Incorporated or Qualified 06/07/1971 3a. Date of Last Report 02/01/1996

2. Principal Place of Business 21 22 23 24 2a. Mailing Address 26 27 28 29 30
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country
4. FEI Number 59-1401562 Applied For Not Applicable
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

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 reinstating) DATE _____

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Each row includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition.

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 9 or Block 13 (if changed) or on an attachment to an address.

SIGNATURE [Signature] RICHARD A WOOD 1-13-97 305-664-8823
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)