


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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 383345 (6)
 1. Corporation Name
CENTRAL KEYS DEVELOPMENT CORP.



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified
06/07/1971

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 owes or has paid the current year intangible Personal Property Tax due June 30. 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	WOOD, RICHARD A	1.2 NAME
STREET ADDRESS	U.S. HWY. #1	1.3 STREET ADDRESS
CITY-ST-ZIP	ISLAMORADA FL	1.4 CITY-ST-ZIP
TITLE		2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
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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.

SIGNATURE: *Richard A. Wood* **RICHARD A. WOOD** 1/29/98 805-604-8823

CR2E034 (10/97)