

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

**FILED**  
**Feb 10, 1999 8:00am**  
**Secretary of State**

02-10-1999 90026 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # 383345  
 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

3. Date Incorporated or Qualified: 06/07/1971  
 4. FEI Number: 59-1401562  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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 (DELETE) fields for Title, Name, Street Address, City-ST-ZIP.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 fields for Title, Name, Street Address, 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: [Signature] 1-18-99 305-664-8823  
 Date Daytime Phone #

CR2E034 (1/198)