

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 733830 (4)**

1. Corporation Name  
**MARATHON AND LOWER KEYS ASSOCIATION OF REALTORS, INC.**



Principal Place of Business  
**5800 OVERSEAS HWY  
UNIT 15  
MARATHON FL 33050  
US**

Mailing Address  
**5800 OVERSEAS HWY  
UNIT 15  
MARATHON FL 33050  
US**

3. Date Incorporated or Qualified  
**09/16/1975**

3a. Date of Last Report  
**04/12/1995**

4. FEI Number  
**59-2043579**

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  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29

Country  
25

Country  
30

9. Name and Address of Current Registered Agent  
**KLUCK, ROBIN C  
RT. 1 BOX 153-C  
MARATHON FL 33050**

10. Name and Address of New Registered Agent  
81 Name  
**WILKINSON, WILLIAM S.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4680 OVERSEAS HIGHWAY**  
83  
84 City  
**MARATHON** FL 85 Zip Code  
**33050**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *William S. Wilkinson* **William S. Wilkinson, President** 4/24/96  
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, DAVID L.	
STREET ADDRESS	12690 OVERSEAS HIGHWAY	
CITY - ST - ZIP	MARATHON FL	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	KLUCK, ROBIN C.	
STREET ADDRESS	RT 1 BOX 153-C	
CITY - ST - ZIP	MARATHON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DESANCTIS, BITTORIO	
STREET ADDRESS	5800 OVERSEAS HWY #6	
CITY - ST - ZIP	MARATHON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAYARD, MAX	
STREET ADDRESS	12690 OVERSEAS HWY	
CITY - ST - ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAACK, KAREN	
STREET ADDRESS	SUNSET RD	
CITY - ST - ZIP	BIG PINE KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILKINSON, WILLIAM S.	
STREET ADDRESS	4680 OVERSEAS HWY	
CITY - ST - ZIP	MARATHON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALTERS, TERRY	
1.3 STREET ADDRESS	7730 GULFSTREAM BLVD.	
1.4 CITY - ST - ZIP	MARATHON, FL 33050	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES HOMER FENHOFF	
3.3 STREET ADDRESS	6TH STREET, BOX 510044	
3.4 CITY - ST - ZIP	KEY COLONY BEACH, FL 33051	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William S. Wilkinson* 4/24/96 305 743-2485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)