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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90021 006 ****61.25

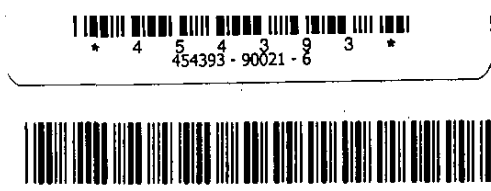
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733830

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

Principal Place of Business 5800 OVERSEAS HWY # 15 MARATHON FL 33050 US	Mailing Address 5800 OVERSEAS HWY # 15 MARATHON FL 33050 US
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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	3. Date Incorporated or Qualified 09/16/1975	4. FEI Number 59-2043579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent LYNN O GOODWIN 180 10TH STREET KEY COLONY BEACH FL 33051	10. Name and Address of New Registered Agent 81 Name Rodgers, Barbara K. 82 Street Address (P.O. Box Number is Not Acceptable) 245 Blackbeard Rd. 83 Summerland Key, FL 33042 84 City Summerland Key FL 85 Zip Code 33042
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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: Barbara Rodgers Barbara Rodgers, Pres. DATE: 4/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME GOODWIN, LYNN O. STREET ADDRESS 180 10TH STREET CITY-ST-ZIP KEY COLONY BEACH FL 33051	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KLUCK, ROBIN C. STREET ADDRESS RT 1 BOX 153-C CITY-ST-ZIP MARATHON FL 33050	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T/D 2.2 NAME Brenner, Kristen 2.3 STREET ADDRESS 796 Duck Key Dr. 2.4 CITY-ST-ZIP Duck Key, FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PE NAME ROGERS, BARBARA STREET ADDRESS 245 BLACKBEARD RD CITY-ST-ZIP SUMMERLAND KEY FL 33042	<input type="checkbox"/> DELETE	3.1 TITLE P 3.2 NAME RODGERS, BARBARA 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HILL, PATRICIA M STREET ADDRESS 1902 YELLOWTAIL DR CITY-ST-ZIP MARATHON FL 33050	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HAACK, KAREN STREET ADDRESS SUNSET RD CITY-ST-ZIP BIG PINE KEY FL 33043	<input type="checkbox"/> DELETE	5.1 TITLE S/D 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T/D NAME WILKINSON, WILLIAM S. STREET ADDRESS 4680 OVERSEAS HWY CITY-ST-ZIP MARATHON FL 33050	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME Smith, Mildred 6.3 STREET ADDRESS 791 Carolyn Ave 6.4 CITY-ST-ZIP Summerland Key, FL 33042	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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: Barbara Rodgers Barbara Rodgers, Pres. DATE: 4/15/99 DAYTIME PHONE #: 305 743-2485

CR2E037 (11/98)