

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734824 (6)**  
1. Corporation Name  
**FLORIDA KEYS SHOOTING CLUB, INC.**



Principal Place of Business <b>221 ALHAMBRA DR. P.O. BOX 2468 KEY LARGO FL 33037</b>	Mailing Address <b>P. O. BOX 2468 KEY LARGO FL 33037-7468 US</b>
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3. Date incorporated or Qualified <b>01/19/1976</b>	3a. Date of Last Report <b>01/31/1996</b>
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2. Principal Place of Business <b>21 750 MADRID Rd</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Key Largo, FLA</b>	City & State <b>28</b>
Zip <b>24 33037</b>	Country <b>25 USA</b>
	Country <b>30</b>

4. FEI Number <b>65-0038046</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BECKMEYER, KARL  
8000 OVERSEAS HIGHWAY 81990 OVERSEAS HWY. #201  
TAVERNIER, FL 33070  
ISLAMORADA, FL 33036**

10. Name and Address of New Registered Agent  
**B1 Name**  
**B2 Street Address (P.O. Box Number is Not Acceptable)**  
**B3**  
**B4 City** **FL** **B5 Zip Code**

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 *Karl Beckmeyer* DATE **1/27/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>TSD</b> <input type="checkbox"/> DELETE
NAME	<b>KIRBY, OWEN</b>
STREET ADDRESS	<b>221 ALHAMBRA DR.</b>
CITY-ST-ZIP	<b>KEY LARGO, FL 0</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GRIMES, KENNY</b>
STREET ADDRESS	<b>MILE MARKER 95</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HARRELSON, WILLIAM</b>
STREET ADDRESS	<b>14 POMPANO AVE.</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WATTLINGLY, EMMITT</b>
STREET ADDRESS	<b>PO BOX 1779</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MALKA, MARK</b>
STREET ADDRESS	<b>225 ALAHAMBRA</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, T. J</b>
STREET ADDRESS	<b>RT 3 BOX 254 B</b>
CITY-ST-ZIP	<b>BIG PINE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>GEORGE FLHERS</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>P.O. BOX 94 (WA)</b>
2.3 STREET ADDRESS	<b>ISLAMORADA, FLA 33036</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JAMES BROWN</b>
3.3 STREET ADDRESS	<b>141 PLANTATION SHORES DR</b>
3.4 CITY-ST-ZIP	<b>TAVERNIER, FLA 33070</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>100002086801</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>-02/13/97--01044--026</b>
5.3 STREET ADDRESS	<b>***61.25</b>
5.4 CITY-ST-ZIP	<b>1 2/12</b>
6.1 TITLE	<b>John Murphy</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>P.O. Box 400 (WA)</b>
6.3 STREET ADDRESS	<b>LONG KEY, FLA 33001</b>
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

CR2E037 (9/96)