

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K37561 (3)**
1. Corporation Name
COCONUT BEACH MANAGEMENT COMPANY



Principal Place of Business
**600 FRONT STREET
SUITE B-7
KEY WEST FL 33040
US**

Mailing Address
**600 FRONT STREET
SUITE B-7
KEY WEST FL 33040
US**

3. Date Incorporated or Qualified
09/30/1988

3a. Date of Last Report
04/25/1995

4. FEI Number
65-0134975

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 Country

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

30

9. Name and Address of Current Registered Agent
**SPOTTSWOOD, JOHN M., JR
500 FLEMING ST
KEY WEST FL 33040**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ DATE _____
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SPOTTSWOOD, WILLIAM B.	
STREET ADDRESS	500 FLEMING ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPOTTSWOOD, ROBERT A.	
STREET ADDRESS	600 FRONT STREET, SUITE B-7	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SPOTTSWOOD, JR., JOHN M.	
STREET ADDRESS	500 FLEMING ST.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPOTTSWOOD-SIMS, FLORENCE	
STREET ADDRESS	600 FRONT STREET, SUITE B-7	
CITY-ST-ZIP	KEY WEST FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HRAY, CAROLYN	
STREET ADDRESS	600 FRONT STREET, SUITE B-7	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert A. Spottswood* DATE: _____ DATE OF PRINTING: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)