

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90074 023 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K37561

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/30/1988

4. FEI Number

65-0134975

Applied For

Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

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

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: VTD DELETE
 NAME: SPOTTSWOOD, WILLIAM B.
 STREET ADDRESS: 500 FLEMING ST
 CITY-ST-ZIP: KEY WEST FL

TITLE: PD DELETE
 NAME: SPOTTSWOOD, ROBERT A.
 STREET ADDRESS: 600 FRONT STREET, SUITE B-7
 CITY-ST-ZIP: KEY WEST FL

TITLE: VSD DELETE
 NAME: SPOTTSWOOD, JR., JOHN M.
 STREET ADDRESS: 500 FLEMING ST.
 CITY-ST-ZIP: KEY WEST FL

TITLE: V DELETE
 NAME: SPOTTSWOOD-SIMS, FLORENCE
 STREET ADDRESS: 600 FRONT STREET, SUITE B-7
 CITY-ST-ZIP: KEY WEST FL

TITLE: V DELETE
 NAME: HRAY, CAROLYN
 STREET ADDRESS: 600 FRONT STREET, SUITE B-7
 CITY-ST-ZIP: KEY WEST FL

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: VTD Change Addition
 1.2 NAME: Spottswood, William B.
 1.3 STREET ADDRESS: 500 Fleming St.
 1.4 CITY-ST-ZIP: Key West, FL 33040

2.1 TITLE: PTD Change Addition
 2.2 NAME: Spottswood, Robert A.
 2.3 STREET ADDRESS: 600 Front St, Suite B7
 2.4 CITY-ST-ZIP: Key West, FL 33040

3.1 TITLE: VSD Change Addition
 3.2 NAME: Spottswood, Jr., John M.
 3.3 STREET ADDRESS: 500 Fleming St.
 3.4 CITY-ST-ZIP: Key West, FL 33040

4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:

6.1 TITLE: Change Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 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)(l), 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)