


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

FILED

Feb 03 1998 8:00am  
Secretary of State

CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08000009343

1. Corporation Name

NORTH KEY LARGO UTILITY CORP.

Principal Place of Business

100 ANCHOR DRIVE  
SUITE 512  
KEY LARGO FL 33037

Mailing Address

100 ANCHOR DRIVE  
SUITE 512  
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0545336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JENKINS, JOHN R.P.A.  
ROSE, SUNDSTROM & BENTLEY  
2548 BLAIRSTONE PINES DR.  
TALLAHASSEE FL 32301

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	DT	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, ALAN J	
STREET ADDRESS	5 CARD SOUND POINT	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SHUMWAY, FRANK	
STREET ADDRESS	58 TARPON LN.	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DISABITINO, EUGENE	
STREET ADDRESS	24 THATCHPALM WAY	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERREY, ROBERT M	
STREET ADDRESS	31 OCEAN REEF DR., #C300	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	DAWSON, RUTH	
STREET ADDRESS	65 TARPON LN.	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRICKER, MELVIN T	
STREET ADDRESS	37 MOORINGS, UNIT B	
CITY-ST-ZIP	KEY LARGO FL 33037	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

 **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/98

Date

Daytime Phone #

0143980

CR2E034 (10/97)