

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000001507 (2)
 1. Corporation Name

MONROE COUNTY VACATION RENTAL MANAGERS, INC.



Principal Place of Business: **701 CAROLINE ST. KEY WEST FL 33040**
 Mailing Address: **P.O. BOX 1634 ISLAMORADA FL 33036**

3. Date Incorporated or Qualified: **03/25/1994**
 3a. Date of Last Report: **08/25/1995**
 4. FEI Number: **65-0480596**
 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. Country

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES INC.
 1201 HAYS ST.
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 81 Name: **MOODY, GENE E.**
 82 Street Address (P.O. Box Number is Not Acceptable):
 83 **701 CAROLINE ST**
 84 City: **Key West** FL 85 Zip Code: **33040**

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: *[Signature]* DATE: **7/26/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	
NAME	MOODY, GENE E	2.1 TITLE	
STREET ADDRESS	701 CAROLINE ST.	2.2 NAME	
CITY - ST - ZIP	KEY WEST FL 33040	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	VOWELS, CHARLES	3.2 NAME	
STREET ADDRESS	701 CAROLINE ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL 33040	3.4 CITY - ST - ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	
TITLE	STD	4.2 NAME	
NAME	WHEELER, ALEXA	4.3 STREET ADDRESS	
STREET ADDRESS	701 CAROLINE ST.	4.4 CITY - ST - ZIP	
CITY - ST - ZIP	KEY WEST FL 33040	5.1 TITLE	
	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE		5.3 STREET ADDRESS	
NAME		5.4 CITY - ST - ZIP	
STREET ADDRESS		6.1 TITLE	
CITY - ST - ZIP		6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
TITLE		6.4 CITY - ST - ZIP	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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

SIGNATURE: *[Signature]* DATE: **6/30/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Daytime Phone # **305 664-2075**

CR2E037 (3/96)