

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 13 PM 3:13

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **M54841** (5)

1. Corporation Name  
**SK LAND COMPANY**

Principal Place of Business Mailing Address  
**500 FLEMING STREET 500 FLEMING STREET**  
**KEY WEST FL 33040 KEY WEST FL 33040**

3. Date Incorporated or Qualified **07/01/1987** 3b. Date of Last Report **03/06/1994**

4. FEI Number **59-2828836** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent  
**SPOTTSWOOD, WILLIAM B.**  
**500 FLEMING STREET**  
**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature typed or printed name of registered agent and date of appointment. NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPOTTSWOOD, JOHN M.</b>	12. NAME	
STREET ADDRESS	<b>500 FLEMING STREET</b>	13. STREET ADDRESS	
CITY, ST, ZIP	<b>KEY WEST FL</b>	14. CITY, ST, ZIP	
TITLE	<b>VSD</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPOTTSWOOD, WILLIAM B.</b>	22. NAME	
STREET ADDRESS	<b>500 FLEMING STREET</b>	23. STREET ADDRESS	
CITY, ST, ZIP	<b>KEY WEST FL</b>	24. CITY, ST, ZIP	
TITLE	<b>ASVD</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPOTTSWOOD, ROBERT A.</b>	32. NAME	
STREET ADDRESS	<b>801 BRICKELL AVE 14TH FL</b>	33. STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI, FL</b>	34. CITY, ST, ZIP	
TITLE	<b>VD</b>	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNIGHT, EDWARD B.</b>	42. NAME	
STREET ADDRESS	<b>338 DUVAL ST.</b>	43. STREET ADDRESS	
CITY, ST, ZIP	<b>KEY WEST FL</b>	44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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)(b), 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: *[Signature]* DATE: **4/10/95** **305-204-3000**  
(Signature typed or printed name of signing officer or director)