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Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90050 031 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S33733**

1. Corporation Name  
**KEYS SUNRISE PROPERTIES, INC.**



Principal Place of Business <b>5800 OVERSEAS HWY STE 35-160 MARATHON FL 33050 US</b>	Mailing Address <b>5800 OVERSEAS HWY STE 35-160 MARATHON FL 33050-2719 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>581 Ocean Drive East</b>		2a. Mailing Address 26 <b>581 Ocean Drive East</b>		3. Date Incorporated or Qualified <b>02/25/1991</b>	
Suite, Apt. #, etc. 22 <b>Apt. #27</b>		Suite, Apt. #, etc. 27 <b>Apt. #27</b>		4. FEI Number <b>65-0254626</b>	
City & State 23 <b>Key Colony Beach</b>		City & State 28 <b>Key Colony Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33051</b>		Zip 29 <b>33051</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>U.S.A.</b>		Country 30 <b>U.S.A.</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SERBINSKI, MARK  
5800 OVERSEAS #35-160  
MARATHON FL 33050**

10. Name and Address of New Registered Agent

81 Name <b>Hal G. Gueutal</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>581 Ocean Drive East #27</b>
83 <b>Sunset Beach Apts.</b>
84 City <b>Key Colony Beach</b>
85 Zip Code <b>FL 33051</b>

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 **Hal G. Gueutal (President)** **HAL G. GUEUTAL**

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

(NOTE: Registered Agent signature required when reinstating)

**1/5/99**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SERBINSKI, MARK T.</b>		1.2 NAME <b>Hal G. Gueutal</b>	
STREET ADDRESS <b>5800 OVERSEAS HWY #35-160</b>		1.3 STREET ADDRESS <b>998 Hatlee Road</b>	
CITY-ST-ZIP <b>MARATHON FL 33050</b>		1.4 CITY-ST-ZIP <b>Ballston Lake, NY 12019</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SERBINSKI, KRISTINA</b>		2.2 NAME <b>Margaret C. Nelson</b>	
STREET ADDRESS <b>5800 OVERSEAS HWY #35-160</b>		2.3 STREET ADDRESS <b>998 Hatlee Road</b>	
CITY-ST-ZIP <b>MARATHON FL 33050</b>		2.4 CITY-ST-ZIP <b>Ballston Lake, NY 12019</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Margaret C. Nelson (Sec. Treas.)** **Margaret C. Nelson** **1/5/99 (518) 877-0277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR20534 (11/98)