

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 182734 (4)

1. Corporation Name
FIRST STATE BANK OF THE FLORIDA KEYS



Principal Place of Business Mailing Address
1201 SIMONTON ST. KEY WEST FL 33040

3. Date Incorporated or Qualified **01/13/1955** 3a. Date of Last Report **02/14/1995**
4. FEI Number **59-0752907** 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**
6. 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 Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**CASO, DIEGO L.
1201 SIMONTON 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

Structure: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEE, DANIEL	
STREET ADDRESS	12 AZALEA DRIVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHARP, KAREN M.	
STREET ADDRESS	HAKYLUT LANE	
CITY-ST-ZIP	CUDJOE KEY FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CASO, DIEGO L.	
STREET ADDRESS	2518 FLAGLER AVENUE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OTERO, FELIX M	
STREET ADDRESS	P.O. BOX 236 N/A	
CITY-ST-ZIP	SUGARLOAF SHORES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, DORIA, G	
STREET ADDRESS	3716 NORTHSIDE DR	
CITY-ST-ZIP	KEY WEST FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SPOTTSMOOD, JOHN M.	
STREET ADDRESS	522 CAROLINE STREET	
CITY-ST-ZIP	KEY WEST FL	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Lee 2/26/96 (305) 296-8535

Date

Daytime Phone #

CR2E034 (12/95)