

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip Country	28. Zip Country
25. Country	29. Country
25. Country	30. Country

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, DANIEL	1.2 NAME	
STREET ADDRESS	12 AZALEA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, KAREN M.	2.2 NAME	
STREET ADDRESS	HAKYLUT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CUDJOE KEY FL	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASO, DIEGO L.	3.2 NAME	
STREET ADDRESS	2518 FLAGLER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO, FELIX M	4.2 NAME	
STREET ADDRESS	P.O. BOX 236 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUGARLOAF SHORES FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, DORIA, G	5.2 NAME	
STREET ADDRESS	3716 NORTHSIDE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOTTSWOOD, JOHN M.	6.2 NAME	
STREET ADDRESS	522 CAROLINE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	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 in 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)