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FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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
**1201 SIMONTON ST.
 KEY WEST FL 33040**

Mailing Address
**1201 SIMONTON ST.
 KEY WEST FL 33040-3111**

3. Date Incorporated or Qualified
01/13/1955

3a. Date of Last Report
03/05/1996

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**

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 Country

24 Zip Country

25 Country

26 Mailing Address

26a Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD LEE, DANIEL**

STREET ADDRESS **12 AZALEA DRIVE**

CITY - ST - ZIP **KEY WEST FL**

TITLE DELETE

NAME **V SHARP, KAREN M.**

STREET ADDRESS **HAKYLUT LANE**

CITY - ST - ZIP **CUDJOE KEY FL**

TITLE DELETE

NAME **VS CASO, DIEGO L.**

STREET ADDRESS **2518 FLAGLER AVENUE**

CITY - ST - ZIP **KEY WEST FL**

TITLE DELETE

NAME **V OTERO, FELIX M**

STREET ADDRESS **P.O. BOX 238 N/A**

CITY - ST - ZIP **SUGARLOAF SHORES FL**

TITLE DELETE

NAME **V FERNANDEZ, DORIA, G**

STREET ADDRESS **3716 NORTHSIDE DR**

CITY - ST - ZIP **KEY WEST FL**

TITLE DELETE

NAME **C SPOTTSWOOD, 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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change 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 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.

SIGNATURE: _____ DATE: **2/11/97** DAYTIME PHONE: **305-296-8535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)