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Jan 31 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 # 303293 (5)

1. Corporation Name
CORAL KEY VILLAGE INC

Principal Place of Business

RFD 1. BOX 429
MARATHON FL 33050

Mailing Address

RFD 1. BOX 429
MARATHON FL 33050-9748



3. Date Incorporated or Qualified
03/25/1966

3a. Date of Last Report
05/15/1996

2. Principal Place of Business

21 CORAL KEY VILLAGE, INC.

2a. Mailing Address

26 CORAL KEY VILLAGE, INC.

Suite, Apt. #, etc.

22 62900 OUBSODS HWY

Suite, Apt. #, etc.

27 P.O. BOX 581

City & State

23 MARATHON, FL.

City & State

28 ISLAMORADA

Zip

24 33050

Country

25 MINNE

Zip

29 33036

Country

30 MINNE

9. Name and Address of Current Registered Agent

LIGHTHOUSE MANAGEMENT CO.
75790 OVERSEAS HWY
ISLAMORADA FL 33038

CHANGED
OF
ADDRESS ->
ONLY

10. Name and Address of New Registered Agent

81 Name

LIGHTHOUSE MANAGEMENT CO

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

75790 OVERSEAS HWY

83 City

62900 OUBSODS HWY

84 City

MARATHON, FL.

FL

85 Zip Code

33050

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KELLER, ROBERT F.
STREET ADDRESS 75790 OVERSEAS HWY
CITY-ST-ZIP ISLAMORADO FL

TITLE S
NAME KRUSHAR, CAL
STREET ADDRESS 1808 BEACH PKWY
CITY-ST-ZIP CAPE CORAL FL

TITLE S
NAME DILLMAN, BRUCE
STREET ADDRESS 326 BAYSHORE DRIVE
CITY-ST-ZIP CAPE CORAL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 member 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 agreement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/97 (305) 664-9936

CR2E034 (9/96)