FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 30 1. Corporation Name CORAL KEY VILLAGE INC

(5)

FILED Jan 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						T TOUTION TIETE WEED STAFF STORED FOR FIRE BED	A DIDA BIBAH DADA BID	
CORAL KEY VOLLANE, INC.		CORAL KEY VILLAGE, INC.						
82900 OVERSEAS HWY		P.O. BOX 581				DO NOT WRITE IN T	THE COVCE	
Marathan FL 33050 Us		ISLAMORADA FL 33036 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						03/25/1966		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	Ac	plied For
21		26	26			59-1236951		t Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27				G. Certificate of Claids Desired	Fee Re	quired
City & State		City & State				6. Election Campaign Financing	\$5.00	
Zip Country		28 Zin	Zip Country			Trust Fund Contribution		
24	25 29		30			 This corporation owes or has paid the Personal Property Tax due June 30. 	/	angible] No
9, Name and Address of Current Registered Agent						10. Name and Address of New Registe		J.110
LIG	HTHOUSE MANAGEMENT CO.			81	Name			
	IT 55			82	Street Address	ss (P.O. Box Number is Not Acceptable)		
62	900 OVERSEAS HWY				Olicol Magic	SS (1:0. Dox 140/100/10 140/2000)		
MA	RATHON FL 33050			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 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 respent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								s registered registered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registe				Ager	nt signature required		ATE	
12.	OFFICERS AN	OFFICERS AND DIRECTORS 13.			·····	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12 Addition
TITLE NAME	Keller, Robert F.		<u> </u>				☐ Change	☐ WOULDON
STREET ADDRESS	75700 OVERBEAC LIMIN			ADDRESS				
CITY-ST-ZIP		ISLAMODADO EL		ncei A TY-ST				
TITLE	8	DELETE			- 211		☐ Change	Addition
NAME	KRUSHAR, CAL			ME			_	
STREET ADDRESS	1808 BEACH PKWY		2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			TY-51	T-ZIP			
TITLE	S	☐ DELETE	DELETE 3.1 TI				☐ Change	☐ Addition
NAME ^	DILLMAN, BRUCE		3.2 NAME					
STREET ADORESS	326 BAYSHORE DRIVE		3.3 STREET ADDRESS					
CITY-ST-ZIP			TY-SI	r-ZIP		10	4400	
TITLE	1		41 111		ļ		L Change	☐ Addition
NAME CTREET ADDRESS			4.2 N		INDDEE6			
STREET ADDRESS CITY-ST-ZIP			4.3 STREET 4.4 CITY-S		1			
TITLE		☐ DELETÉ	5.1 TITLE		- 217		Change	Addition
NAME		-	5.2 NAME					
STREET ADDRESS			5.3 STREE1		ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-S		- 1			
TITLE		DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NA	ME	1			
STREET ADDRESS	.SS 6.3		6.3 ST	REET A	ADDRESS			
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for th			6.4 Cit	Y-SI	- ZIP	440.7702		
14. I nereby c	eruly that the information supplied v	vith this filling does not qualify f	or the exe	mpti	on stated in Se	ection 119.07(3)(i), Florida Statutes. Hurthi	er cerify that the	intormation

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 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 of an attachment with an address.

GNATURE:

SIGNATURE: