

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748106 (2)**  
 1. Corporation Name  
**UPPER KEYS ASSIST TEAM, INC.**



Principal Place of Business <b>614 LA PALOMA ROAD KEY LARGO FL 33037</b>	Mailing Address <b>P.O. BOX 7 KEY LARGO FL 33037-7007</b>
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3. Date Incorporated or Qualified  
**07/17/1979**

4. FEI Number <b>65-0021088</b>	Applied For Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No **N/A**

9. Name and Address of Current Registered Agent  
**BOSSLE, LAURIE A  
 179 - 1ST CT  
 KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIGGINS, BILL</b>	1.2 NAME	
STREET ADDRESS	<b>614 LA PALOMA ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY LARGO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSSLE, F. KENNETH</b>	2.2 NAME	
STREET ADDRESS	<b>179 - 1ST CT KLV</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY LARGO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSSLE, LAURIE A</b>	3.2 NAME	
STREET ADDRESS	<b>179 - 1ST CT KLV</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY LARGO FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>600 SANTA ANITA LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY LARGO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHIPPMANN, VIRGINIA</b>	5.2 NAME	
STREET ADDRESS	<b>890 ELLEN DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY LARGO, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, DELBERT</b>	6.2 NAME	
STREET ADDRESS	<b>289 LANCE LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY LARGO, FL 00000</b>	6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Laurie A Bossle*

4/3/98

CR2E037 (10/97)