

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F12556 (9)**

1. Corporation Name  
**CAYO INVESTMENTS, INC.**



Principal Place of Business: **P.O. BOX 2152 KEY WEST FL 33045-2152**  
Mailing Address: **P.O. BOX 2152 KEY WEST FL 33045-2152**

3. Date Incorporated or Qualified: **12/23/1980**  
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>600 FRONT ST</b>	26 <b>600 FRONT ST</b>	<b>59-2071065</b>	Not Applicable
22 <b>SUITE B7</b>	27 <b>SUITE B7</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 <b>KEY WEST FL 33040</b>	28 <b>KEY WEST FL 33040</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 <b>33040</b>	25 <b>MONROE</b>	29 <b>33040</b>	30 <b>MONROE</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**SPOTTSWOOD, JOHN M  
500 FLEMING ST  
KEY WEST FL 33040**

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

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 as of this filing date) (NOTE: Registered Agent signature required for change of filing date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>VP / S</b>
NAME	<b>PADRON, RICHARD</b>	1.2 NAME	<b>WILLIAM B SPOTTSWOOD</b>
STREET ADDRESS	<b>76 DOGWOOD LN.</b>	1.3 STREET ADDRESS	<b>500 FLEMING STREET</b>
CITY - ST - ZIP	<b>SUGARLOAF KEY FL</b>	1.4 CITY - ST - ZIP	<b>KEY WEST, FL 33040</b>
TITLE	<b>T</b>	2.1 TITLE	<b>S / VP / S</b>
NAME	<b>MOORE, RANDY</b>	2.2 NAME	<b>ROBERT A SPOTTSWOOD</b>
STREET ADDRESS	<b>1104 TRUMAN AVENUE</b>	2.3 STREET ADDRESS	<b>600 FRONT ST SUITE B7</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>	2.4 CITY - ST - ZIP	<b>KEY WEST, FL 33040</b>
TITLE	<b>S</b>	3.1 TITLE	
NAME	<b>COLLINS, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>1212 GEORGIA STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KEY WEST FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VAS</b>	4.1 TITLE	<b>P / D</b>
NAME	<b>SPOTTSWOOD, JOHN M.</b>	4.2 NAME	<b>JOHN M SPOTTSWOOD JR</b>
STREET ADDRESS	<b>500 FLEMING ST.</b>	4.3 STREET ADDRESS	<b>500 FLEMING ST</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>	4.4 CITY - ST - ZIP	<b>KEY WEST, FL 33040</b>
TITLE	<b>V</b>	5.1 TITLE	
NAME	<b>BETANCOURT, RALPH</b>	5.2 NAME	
STREET ADDRESS	<b>1510 ROSE STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KEY WEST FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/96** **305-294-3000**  
DATE DAY/TIME/PHONE #

CR2E034 (12/95)