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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 29 1996 8:00 am
Secretary of State

DOCUMENT # F95000002946 (0)

1. Corporation Name

THE FLORIDA KEYS CONNECTION, INC.

Principal Place of Business

9 BARRACUDA LANE
KEY LARGO FL 33037

Mailing Address

9 BARRACUDA LANE
KEY LARGO FL 33037

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
BRYAN, SUSAN
STREET ADDRESS
9 BARRACUDA LANE
CITY-ST-ZIP
KEY LARGO FL 33037

TITLE ☒ DELETE

NAME
JEWETT, FRANK
STREET ADDRESS
9 BARRACUDA LANE
CITY-ST-ZIP
KEY LARGO FL 33037

TITLE ☐ DELETE

NAME
HILMER, WAYNE J
STREET ADDRESS
9 BARRACUDA LANE
CITY-ST-ZIP
KEY LARGO FL 33037

TITLE ☐ DELETE

NAME
HILMER, WAYNE J
STREET ADDRESS
9 BARRACUDA LANE
CITY-ST-ZIP
KEY LARGO FL 33037

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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SIGNATURE:

SUSAN G. BRYAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

400001727824
-02/29/96--01030--018
***200.00

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