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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 13 1998 8:00am Secretary of State

1. Corporati	Corporation Name												
C.M.	C.M.B. OF THE KEYS, INC.												
Principal Pla	ce of Busines		M	failing Address	<del></del>								
1	11400 Overseas Hwy. 11400 Overseas H												
	e 120		uite 120	, cub		. , .		NO LIGHT WINT	e 14 ( <del>T</del> . 1.				
	arathon, FL 33050 Marathon, FL						50		DO NOT WRITE IN THIS SPACE				
				·			3. Date incorporated or Qualified 6/17/1986						
2. Principal f	, Mailing Address					4. FEI Number			Applied For	1			
21			26						59-2686815			Not Applicable	[ د
Suite, Apt	. #, etc		27	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required	
City & Sta	le		City & State	& State				6. Election Campaign Financing			May Be	$\dashv$	
23			28	28					Trust Fund Contribution				
Zip	Country			Zip					8. This corporation owes or has p				٦
24	6 Nome	25	[29]	January & Maria	30				Personal Property Tax due June			<b>₹</b> No	4
· · · · · · · · · · · · · · · · · · ·		and Address o	or Current Hegis	Hered Agent		81	Name	<del></del> -	10. Name and Address of New R	gistere	d Agent		4
	r, All		_										
11400 Overseas Highway							Street A	Addres	s (P.O. Box Number is Not Accepta	ole)			
Suite 120 Marathon, FL 33050						83							1
Mara	tnon,	FL 33(	Jou		h	84	City				. 85 Zir	Code	4
						- 1	•		155	F	LIII		
office or	to the provis regi <b>ste</b> red ac	ions of Sections jent, or both, in t	607.0502 and 6 he State of Florid	07.1508, Florida Statut da. Such change was a	tes, the ab- authorized	ove by	named of the corp	corpor oration	ation submits this statement for the is board of directors. I hereby acce	purpose of the ap	of changing opointment a	its registered s registered	
	am t <b>a</b> minar w	in, and accept t	ne obligations of	1, 50ction 607.0505, Fit	orida Statu	ites							
SIGNATURE	Signature Typed	or printed name of reg	gistered agers and title	Lappteable (NOT	IF Hegistered	Agei	nt signature i	required	when reinstating)	DATE			ے ا
12.	<del></del>		ERS AND DIREC	*** *,	13.				ADDITIONS/CHANGES TO OFFI	CERS A			] §
TITLE NAME	PDVST										☐ Change	Addition	F034 (10/97
STREET ADDRESS	Beyer, Allen J.						ADDRESS						2
City-ST-ZIP	11400 Overseas Hwy. Ste 120						· ZIP						E
TITLE	Marathon, FL 33050 DELETE						20				Change	Addition	~  წ
NAME							Ì				_		1
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STREET ADDRESS					43 STR	EET A	ADDRESS				1		}
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NAME					52 NAM					_	1h 7/	//2	1
STREET ADDRESS	ļ				ŀ		ADDRESS				11/1	ر ر	1
CITY-ST-ZIP TITLE				DELETE	6.1 TITLE		- 412			_/	☐ Change	☐ Addition	1
NAME .					6.2 NAM				'DIN(') (') (') (') (') (')			- radiayii	
STREET ADDRESS					5.3 STRE		ADDRESS		30000252 -05/18/38010		.003 .003		
CITY-ST-ZIP					6.4 CITY		1		***150.00	T.C.	003		1
14. I hereby o	ertify that the	a information sur	aplind with this fi	ling does not qualify for	or the even	nintie	on states	t in Se	ction 119 07/3\/\) Florida Statutes I	further e	cartify that the	o information	1

indicated on this annual report or supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), 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 trusted 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.