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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **J29521** **(8)**

1. Corporation Name
TREASURES OF THE FLORIDA KEYS, INC.

Principal Place of Business	Mailing Address
601 DUVAL STREET SUITE 5 KEY WEST FL 33040	601 DUVAL STREET SUITE 5 KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1986

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0393905	☐ Applied For ☐ Not Applicable
21 201 Front Street	26 201 Front Street		
Suite, Apt. #, etc. 22 Suite 310	Suite, Apt. #, etc. 27 Suite 310	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Key West, FL	City & State 28 Key West, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 33040 Country 25 Monroe	Zip 29 33040 Country 30 Monroe	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWIFT, EDWIN O., III ~~601 DUVAL STREET~~ ~~SUITE 5~~ KEY WEST FL 33040	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 201 Front St, Suite 310 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SWIFT, EDWIN O., III		1.2 NAME	
STREET ADDRESS	~~601 DUVAL CT., #5~~ 201 Front St, Suite 310		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP	
TITLE	VTDA	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOSHER, GERALD R.		2.2 NAME	
STREET ADDRESS	~~601 DUVAL ST. #5~~ 201 Front St, Suite 310		2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP	
TITLE	~~VSD~~ Belland	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~BELLARD~~, CHRISTOPHER		3.2 NAME	
STREET ADDRESS	~~601 DUVAL ST~~ 201 Front St, Suite 310		3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL		3.4 CITY-ST-ZIP	
TITLE	VASD	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CATES, MICHAEL		4.2 NAME	No replacement
STREET ADDRESS	601 DUVAL ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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 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] 2/16/98