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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

K07549

(4)

KEY LARGO DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address										
93911 U.S. Tavernier		83911 U.S. HWY. 1 TAVERNIER FL 33070								
						3.	Date Incorporated or Qualified 12/17/1987	3a. Date	of Last F 08/01/1	
2. Principa! Pla	ace of Business	2a. Mailing Address	2a. Mailing Address 26 Suite. Apt. #, etc.			4. FEI Number 65-0020731				Applied For
Suite, Apt. #	# ptc								Not Applicable	
22	, Olo.	27 Suite. Apr. #, etc.	¬			5. 4	Certificate of Status Desired			5 Additional
City & State	:		City & State				Election Campaign Financing			Required
28							Trust Fund Contribution			May Be d to Fees
Ζφ	Country	Zip	Cou	intry		8.	This corporation has liability for in	ntanoible ta:		
24	25	29	30				lorida Statutes 🔲 Yes			
	9. Name and Address of Curr	ent Registered Agent		L		10.	Name and Address of New Re	gistered A	igent	
				81	Name					
MURPHY, ROY D.				82	Street Add	dress (P.C	D. Box Number is Not Acceptable	e)		
93911 OVERSEAS HWY						·		•		
IAVER	NIER FL 33070			83				_		
				84	City	• • • • • • • • • • • • • • • • • • • •			85 Z	p Code
11 Dura sort to	o the eradicions of Santana 207 or	20 - 100 1 1500 5		L1				FL		
	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, So			corp	oration's boa	ard of time	outlist fins statement for the purple ectors. Thereby accept the appo	intment as i	nging its r registered	registered offici i agent. Lami
SIGNATURE _	Signature, it work or printed name of registeric dup	. Turkey a sector to the sector	56 E			.,.,				
12.		ND DIRECTORS	13.	A.Jrs	! Signature region.		DDITIONS/CHANGES TO OFFIC	DATE PEDC AND	Dincore	MOC ON 40
TiTLE	PTD	DELF TE	1. 1 Ti	TLE			SETTIONS OF ANGLS TO OFFIC		Change	Addition
NAME	MURPHY, ROY D.		1.2 NA	AME				L	1 Onlings	
STREET ADDRESS	93911 U.S. HWY. 1		135	REET	ADORESS					
CITY-ST-ZIP	TAVERNIER FL		1.4 CI	1Y-S	r-zip					
TITLE		☐ DELETE	2 1 11					Γ) Change	Addition
NAME			2 2 NA	ME				_		
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TITLE		☐ DELETE	3 1 🗓	Πē					Change	Addition
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CITY-ST-ZIF			3 4 CI		r - ZIP					
TITLE		☐ DELETE	4 1 1	ĭ∟€					Change	Addition
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STREET ADDRESS					ADDRESS					
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NAME			5 1 11						Change	Add-tion
STREET ADDRESS			5.2 NA		Afthree					
CITY-S1-ZIP					ADDRESS					
TITLE		DELETE	5.4 GH 6.1 Hi		- ZIP'				Channe	D Addition
NAME		order	6 2 NA					⊔	Change	☐ Addition
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6 4 CH		- 1					
			■ C4 C11	1-21	- 4 IF					

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 armust report or suppliemental armust report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with any places.

SIGNATURE:

SIGNATURE AND WEED OR PRINTED NAME OF EXCHING OFFICER OR DIRECTOR

May 1 96 305-852-9179