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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

KEY LARGO DEVELOPMENT CORPORATION

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 93911 U.S. HWY. 1 93911 U.S. HWY. 1 TAVERNIER FL 33070 TAVERNIER FL 33070 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/17/1987 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0020731 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Floancing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 30 Personal Property Tax due June 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MURPHY, ROY D. 93911 OVERSEAS HWY Street Address (P.O. Box Number is Not Acceptable) 82 TAVERNIER FL 33070 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT) Registered Agent signarure required when revisitating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition TITLE NAME MURPHY, ROY D 1.2 NAMI 93911 U.S. HWY. 1 1.3 STREET ADDRESS STREET ADDRESS TAVERNIER FL 33070 CITY - ST - ZIP 1.4 CHTY - S1 - ZIP DELETE Change Addition TITLE 2.1 IBUE OSA, MIKE NAME 2.2 NAME 93911 U.S. HWY. 1 STREET ADDRESS 2.3 STHEET ADDRESS **TAVERNIER FL 33070** CITY-ST-ZIP 2.4 DITY-S1-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHTY- ST. ZIP DELETE Change ncithbA 🔲 4.1 TITLE TITLE NAME 4 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - S1 - ZIE DELLTE Change Ade tion TITLE 5.1 TILLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELFTE Change Addition TITLE G 1 TITLE NAME 6.2 NAME STREET ADDRESS G 3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under onth; that I am an officer or director of the corporation or the receiver or trustee onipowered 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.