1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K80595 1. Corporation Name

BAYFRONT HOMES OF THE FLORIDA KEYS, INC.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90031 031 ***163.75



Principal Place of Business		Mailing Address				a imminist Bat instit Anias alsis	18181 BIII 8781		FIRST BLOCK 1881
3439 RIVIERA D	DR,	3439 RIVIERA DR.							
KEY WEST FL 33040		KEY WEST FL 33040			DO NOT WRITE IN THIS SPACE				
								S SPACE	
						3. Date Incorporated or Qualife	a		İ
		0- 14-10- Add		•		04/14/1989 4. FEI Number		TAP	plied For
2. Principal P	lace of Business	2a. Mailing Address				65-0124033		<u> </u>	ot Applicable
21		26				0070124000		\$8.75	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	X		equired
22		City & State				6 Flashing Company Financia			
City & State		<u> </u>			6. Election Campaign Financing Trust Fund Contribution	2 5	\$5.00 'Added t		
Zip	Country	28 Zip	Coi	untry		8. This corporation owes the cu	rront year		
	25	29	30	y		Personal Property Tax.	inent year	Yes	⊠No
24	9. Name and Address of Curre		130	1		10. Name and Address of New	Registere		
	J. Haine and Addiess of Carr	one reagrand		81	Name				****
HALI	PERN, MICHAEL	4							
	DUVAL STREET			82	Street Add	ress (P.O. Box Number is Not Accep	otable)		
KEY	WEST FL 33040			83					
	•			84	City		F	85 Zip	Code
44 Durayant	to the provinces of Sections 607.05	502 and 607 1508 Florida St	atutes the a	above.	-named corr	poration submits this statement for the	e purpose	of changing its	registered
office or r	registered agent, or both, in the Stat	e of Florida. Such change wa	as autnorize	ea by t	he corporati	on's board of directors. I hereby acc	ept the app	ointment as re	egistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505,	, Florida Stat	itutes.					
SIGNATURE	Classical and a shift days of polistored or	east and title if applicable. (A	NOTE: Pagisterer	d Agent	signature require	ad when reinstating)	DATE	****	
	Signature, typed or printed name of registered ac				signature require	ad when reinstating) ADDITIONS/CHANGES TO C		AND DIRECTO	DRS IN 12
12.	OFFICERS A	gent and title if applicable. (NAND DIRECTORS	13.		signature require			AND DIRECTO	DRS IN 12
12. TITLE	OFFICERS A	AND DIRECTORS	13.	TITLE	signature require				
12. TITLE NAME	OFFICERS A PTS EID, ANN H.	AND DIRECTORS	13. 1.1 TI 1.2 N	TITLE NAME					
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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, with all other like empowered.

SIGNATURE: