

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L13900 (0)
1. Corporation Name
LONG KEY OCEAN-BAY COLONY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14450 S.W. 312TH STREET P. O. BOX 1508 (HOMESTEAD, FL 33090) HOMESTEAD FL 33030		Mailing Address 14450 S.W. 312TH STREET P. O. BOX 1508 (HOMESTEAD, FL 33090) HOMESTEAD FL 33030	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 09/07/1989		4. FEI Number 65-0205289	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent KRAVITZ, HAROLD P. 7600 WEST 20TH AVENUE SUITE 223 HIALEAH FL 33016		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	PLYLER, BOB J.	1.2 NAME	
CITY-ST-ZIP	14450 SW 312TH STREET HOMESTEAD FL	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-ST-ZIP	
STREET ADDRESS	WOOD, PETER G.	2.1 TITLE	Change Addition
CITY-ST-ZIP	14450 SW 312TH STREET HOMESTEAD FL	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	BROWN, JOHN E.	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	14450 SW 312TH STREET HOMESTEAD FL	3.1 TITLE	Change Addition
TITLE	NAME	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	Change Addition
CITY-ST-ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	Change Addition
TITLE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]

4/30/98 (305) 245-9772

CR2E034 (10/97)