

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:33

DOCUMENT # **L47486** (0)  
1. Corporation Name  
**LAS SALINAS II DEVELOPMENT CORPORATION**

Principal Place of Business Mailing Address  
**% ROBERT A. BUTLER** **% ROBERT A. BUTLER**  
**3900 SOUTH ROOSEVELT BLVD.** **3900 SOUTH ROOSEVELT BLVD.**  
**KEY WEST FL 33040** **KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/05/1990** 3a. Date of Last Report **06/14/1994**

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip  
24. Country 29. Country

4. FEI Number **65-0181023** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BUTLER, ROBERT A.**  
**3900 S. ROOSEVELT BLVD.**  
**KEY WEST FL 33040**

10. Name and Address of New Registered Agent  
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

(Print or type printed name of registered agent and the filer.)

(NOTE: Registered Agent signature required when necessary.)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	BUTLER, ROBERT A.
STREET ADDRESS	3900 S. ROOSEVELT BLVD.
CITY - ST - ZIP	KEY WEST FL
TITLE	DST
NAME	MARSHALL, DAVID R JR
STREET ADDRESS	3900 S ROOSEVELT BLVD
CITY - ST - ZIP	KEY WEST FL
TITLE	V
NAME	BUTLER, ROSEMARY T
STREET ADDRESS	3900 S ROOSEVELT BLVD
CITY - ST - ZIP	KEY WEST FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I declare by certifying that the information supplied with this report is true and correct and that the information 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 of which I am a shareholder 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 of this report.

SIGNATURE:

*(Signature)*  
SIGNATURE: DAVID R. MARSHALL JR. SECRETARY

01.10.95

305.292.4800