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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L68035

(9)

KEY CLUB DEALTY INC.

FILED	
Apr 23 1997 8:00am	Ì
Secretary of State	

Principal Place of Business Mailing Address 444 QULF OF MEXICO DR. 444 GULF OF MEXICO DR. P.O. BOX 15000 LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228-50										
US		U\$ 				3. Date Incorporated or Qualified 04/23/1990	1	te of Last F 15/1996	Report	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 65-0193067			pplied For ot Applicable	 e
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	е	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	7ip Country 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
47	9. Name and Address of Curren		1901			10. Name and Address of New Reg				-
we	SHANE EAGAN			61	Name					
3420) BAYOU SOUND IGBOAT KEY FL 34228		l	82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			-
LON	ODUAL KET LE 34220			В3						7
				84	City		FL	85 Zip	Code	7
office or r	registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida, Such change was ations of, Section 607,0505, Fl	authorized lorida Stat	d by utes	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the app	changing i bintment as	ts registered registered	
	Stgnature, typed or printed name of registered age			1 Age	nt signature requi	ired when reinstating)	DATE	DIDECTOR	20 111 40	٠,
12.	OFFICERS AND	DELETE	13.	T E	· · ·	ADDITIONS/CHANGES TO OFFICE	ERS AND	Change	AS IN 12 Addition	- 6
NAME :	RASMUSSEN, A. THOMAS	otten	12 N/		1			Citalide	L_J Addition	' §
STREET ADDRESS	442 GULF OF MEXICO DR.				ADDRESS					Í
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CI	TY-S	1 - ZIP					
TITLE	D	DELETE	2.1 10	TLE				Change	Addition	\Box
NAME	SMITH, LAURENCE R.		2.2 NA	ME						- 1
STREET ADDRESS	442 GULF OF MEXICO DR.		2.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	LONGBOAT KEY FL		2.4C	11Y-5	S1-ZIP					
TALE	DP	☐ DELETE	3.1 10	1LE				Change	Addition	1
NAME	EAGAN, W. SHANE		3.2 N/		1					
STREET ADDRESS	442 GULF OF MEXICO DR. LONGBOAT KEY FL				ADDRESS					
CITY-ST-ZIP	D D	DELETE			31 - 7/P		· · · · · · · · · · · · · · · · · · ·	Channa	Addition	4
TITLE :	HOLMES, THOMAS R.	LJ VELETE	4.1 TI					☐ Change	Addition	' }
NAME STREET ADDRESS	442 GULF OF MEXICO DR.		4 2 N		ADDRESS					
	LONGBOAT KEY FL									
CITY-ST-ZIP TITLE	LONGBOAT RETTE	DELETE	4 4 CI 5 1 TI		1-212			Change	Addition	\exists
NAME			5.2 NA					V.Wgo	radiilo	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CF							
TITLE		DELETE	6.1 1		, 49			Change	Addition	1
NAME			6.2 N/							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		_	6.4 CI		1					
	by certify that the information supplied	d with is filing does not qual				d in Section 119.07(3)(i), Florida Statutes	s. I further	certify that	the	7

I do nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of indirector of i