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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L86109** **(0)**

1. Corporation Name

H.T. CHITTUM KEY WEST, INC.

Principal Place of Business	Mailing Address
82745 OVERSEAS HGWAY ~~17071 W. DIXIE HWY~~ ISLAMORADO FL 33036 US	82748 OVERSEAS HGWAY ~~17071 W. DIXIE HWY~~ ISLAMORADA FL 33036 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 82748 Overseas Hwy	26 Suite, Apt. #, etc.: 82748 Overseas Hwy
22	27
23 City & State: Islamorada, FL	28 City & State: Islamorada FL
24 Zip: 33036 25 Country: US	29 Zip: 33036 30 Country: US

3. Date Incorporated or Qualified: **07/05/1990**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **65-0206118** [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CHITTUM, JAYMIE
82748 OVERSEAS HGWAY
ISLAMORADA FL 33036

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 (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required if agent is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	CHITTUM, H.T. III		1.2 NAME	
STREET ADDRESS	82748 OVERSEAS HIGHWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL		1.4 CITY-ST-ZIP	
TITLE	DV	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	CHITTUM, JAYMIE		2.2 NAME	
STREET ADDRESS	82748 OVERSEAS HIGHWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL		2.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	HAYNE, C. PECK		3.2 NAME	
STREET ADDRESS	1221 SECOND ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA		3.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	NEGLEY, RICHARD B.		4.2 NAME	
STREET ADDRESS	300 CONVENT, 28TH		4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX		4.4 CITY-ST-ZIP	
TITLE	ST	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	CHITTUM, JAYMIE		5.2 NAME	
STREET ADDRESS	82748 OVERSEAS HIGHWAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL		5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jaymie E. Chittum 1/15/96 305-664-4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)