

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M02933** (3)

1. Corporation Name  
**KEYS COUNTRY REALTY, INC.**



Principal Place of Business  
**MILE MARKER 92  
P.O. BOX 67  
TAVERNIER FL 33070-0067**

Mailing Address  
**MILE MARKER 92  
P.O. BOX 67  
TAVERNIER FL 33070-0067**

3. Date Incorporated or Qualified <b>07/19/1984</b>	3a. Date of Last Report <b>07/19/1995</b>
4. FEI Number <b>59-2447790</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>91910 US 1</b> Suite, Apt. #, etc.	26 <b>PO Box 67</b> Suite, Apt. #, etc.
22 <b>Tavernier, FL 33070</b> City & State	27 <b>Tavernier, FL 33070</b> City & State
23 <b>33070 Monroe</b> Zip Country	28 <b>33070 Monroe</b> Zip Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BERARD, RALPH MILE MARKER 92 P.O. BOX 67 TAVERNIER FL 33070</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of officer or director of registered agent and the corporation. Signature of registered agent not required when restate.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	<b>PD BERARD, RALPH P.O. BOX 67 N/A TAVERNIER FL 91910 US 1</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>STD BERARD, JEANE P.O. BOX 67 N/A TAVERNIER FL 91910 US 1</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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)(k), 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: Jeane Berard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15, 1996

Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (12/95)