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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M02933

(3)

FILED
Mar 31 1998 8:00am
Secretary of State

KEYS COUNTRY REALTY, INC.						
						1 13 14 16 17 1 DOMA HOLLA HOLLA HIND HIM BHAN BIRN BIRN BIRN BIRN BIRN BIRN BIRN BIR
Oringinal Plac	e of Business	Mailing Address				
		ū				
91910 US 1 PO BOX 67 TAVERNIER FL 33070 TAVERNIER FL 33070						
US		U\$				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
Principal F	Place of Business	2a, Mailing Address				07/19/1984 4. FEI Number Applied For
21	INCO OF DESITIONS	26				59-2447790 Not Applicable
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.				SR 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		Zip Country				Trust Fund Contribution
Zip	Country	Zip	 -	ıntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 25 Name and Address of Current	29 Registered Agent	30	1		10. Name and Address of New Registered Agent
	BERARD, RALPH			81	Name	
	MLE MARKER 92			02	Oleont And	ddress (P.O. Box Number is Not Acceptable)
	P.O. BOX 67			82	Street Add	odress (P.O. Box Number is Not Acceptable)
	AVERNIER FL 33070			83		
•				84	City	85 Zip Code
					•	FL
office or a	rogistered agent, or both, in the State o	f Florida. Such change was a	authorize	n'hv	the corpora	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the obligat	ions of Section 607.0505, Flo	orida Sta	lutes	·	talions sould of disolots. The loss is appearable to a registrost
SIGNATURE						
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	d Ager	nt signature requ	quired when roinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 Ti	TLE		Change Addition
NAME	BERARD, RALPH		1.2 N	AME		
STREET ADDRESS	P.O.BOX 67 N/A (91910 US	1)	1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	TAVERNIER FL		1.4 CITY-ST-ZIP		r-ZIP	
TITLE	STD					Change Addition
NAME	1		2.2 N	AME		
STREET ADDRESS	P.O.BOX 67 N/A (91910 US	1)	2 3 STREET ADDRESS			
CITY-ST-ZIP	TAVERNIER FL			2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE NAME			3.1 II			E cusule E vanion
STREET ADDRESS					ADDRESS	
CHY-ST-ZIP				HTY-S		
TITLE		DELETE	4.1 TI			Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS	}		4.3 S	TAEET /	ADDRESS	
CITY - ST - ZIP	<u>, </u>		4.4 CI	TY-ST	r-ZIP	
TITLE		☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS					ADDRESS	
CITY - ST - ZIP			_	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		רו הכרבוב	6.2 N			C Sumide C Manifoli
NAME STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				11Y-ST		
14. I hereby	t certify that the information supplied with	n this filing does not qualify fo				in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 or an attachment with an address.

CICNATURE.

Roble Bear

March 27/998

:R2E034 (10/97)