

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90124 025 \*\*\*150.00

DOCUMENT # M02933

1. Corporation Name  
KEYS COUNTRY REALTY, INC.

Principal Place of Business

91910 US 1  
TAVERNIER FL 33070  
US

Mailing Address

PO BOX 67  
TAVERNIER FL 33070  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1984

4. FEI Number

59-2447790

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 99549 US 1

2a. Mailing Address

26 P.O. Box 2626

Suite, Apt. #, etc.

22 #1

Suite, Apt. #, etc.

27

City & State

23 Key Largo, FL

City & State

28 Key Largo, FL

Zip 33037 Country

Zip 33037 Country

24 25

29 30

9. Name and Address of Current Registered Agent

BERARD, RALPH  
MILE MARKER 92  
P.O. BOX 67  
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name

Ralph Berard

82 Street Address (P.O. Box Number is Not Acceptable)

99549 US 1

83

#1

84 City

Key Largo, FL

FL

85 Zip Code

33037

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BERARD, RALPH  
STREET ADDRESS P.O. BOX 67 N/A (91910 US 1)  
CITY-ST-ZIP TAVERNIER FL

TITLE ST ☐ DELETE

NAME BERARD, JEANE  
STREET ADDRESS P.O. BOX 67 N/A (91910 US 1)  
CITY-ST-ZIP TAVERNIER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ralph Berard* SIGNATURE REQUIRED Ralph Berard, President

(305) 453-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0167415