

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

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

M 16499

Caribee Properties of the Florida Keys, Inc.

Principal Place of Business 81611 Old Highway Islamorada, FL 33036	Mailing Address 81611 Old Highway Islamorada, FL 33036
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2. Principal Place of Business 21 81611 Old Highway Suite, Apt. #, etc. 22 City & State 23 Islamorada, FL 24 Zip 33036	2a. Mailing Address 26 81611 Old Highway Suite, Apt. #, etc. 27 City & State 28 Islamorada, FL 29 Zip 33036 25 Monroe
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3. Date Incorporated or Qualified 6-10-85	3a. Date of Last Report Jan. 1996
4. FEI Number 59-2569589	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 ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

John C. Pell
81611 Old Highway
Islamorada, FL 33036

10. Name and Address of New Registered Agent

81 Name John C. Pell
82 Street Address (P.O. Box Number is Not Acceptable) 81611 Old Highway
83
84 City Islamorada, FL
85 Zip Code 33036

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 for a particular with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of officer or director of corporation or registered agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	President John C. Pell
STREET ADDRESS	81611 Old Highway
CITY, ST., ZIP	Islamorada, FL 33036
TITLE	☐ DELETE
NAME	VP John C. Pell
STREET ADDRESS	81611 Old Highway
CITY, ST., ZIP	Islamorada, FL 33036
TITLE	☐ DELETE
NAME	T John C. Pell
STREET ADDRESS	81611 Old Highway
CITY, ST., ZIP	Islamorada, FL 33036
TITLE	☐ DELETE
NAME	S John c. Pell
STREET ADDRESS	81611 Old Highway
CITY, ST., ZIP	Islamorada, FL 33036
TITLE	☐ DELETE
NAME	T John C. Pell
STREET ADDRESS	81611 Old Highway
CITY, ST., ZIP	Islamorada, FL 33036
TITLE	☐ DELETE
NAME	D John C. Pell
STREET ADDRESS	81611 Old Highway
CITY, ST., ZIP	Islamorada, FL 33036

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	

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***165.00

14. I do 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 1997 (305-664-0012)

Date

Daytime Phone #

CR2E034 (9/96)