

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

FILED
Jan 20, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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01-20-1999 90011 001 ***150.00

DOCUMENT # M16499

1. Corporation Name
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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 06/10/1985	
4. FEI Number 59-2569589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PELL, JOHN
81611 OLD HWY
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELL, JOHN C	1.2 NAME	
STREET ADDRESS	81611 OLD HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELL, JOHN C	2.2 NAME	
STREET ADDRESS	81611 OLD HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELL, JOHN C	3.2 NAME	
STREET ADDRESS	81611 OLD HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELL, JOHN C	4.2 NAME	
STREET ADDRESS	81611 OLD HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELL, JOHN C	5.2 NAME	
STREET ADDRESS	81611 OLD HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELL, JOHN C	6.2 NAME	
STREET ADDRESS	81611 OLD HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	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: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-99 305-664-0012
Daytime Phone #

CR2E034 (11/98)