

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M69840 (0)**

1. Corporation Name
FLAMINGO INN OF GRASSY KEY, INC.



Principal Place of Business: **RT. 2 BOX 522A GRASSY KEY MARATHON FL 33050**
Mailing Address: **RT. 4 BOX 522A GRASSY KEY MARATHON FL 33050**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **02/26/1988** 3a. Date of Last Report: **03/30/1995**
4. FEI Number: **65-0036999** 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

**RICHTER, JEANNE M.
RT. 2 BOX 522-A
GRASSY KEY
MARATHON FL 33050**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.07(2) 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 607.07(2), Florida Statutes.

SIGNATURE

Signature of Officer or Director: _____ Date: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	SD RICHTER, GEORGE A. RT. 2 BOX 522 A MARATHON FL	<input type="checkbox"/> DELETE
12.2 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	PD RICHTER, JEANNE M. RT. 2 BOX 522 A MARATHON FL	<input type="checkbox"/> DELETE
12.3 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		<input type="checkbox"/> DELETE
12.4 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		<input type="checkbox"/> DELETE
12.5 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is voluntary, true and correct and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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 is assigned to a corporation by the filing address.

SIGNATURE: *George Richter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 305 289-0011

CR2E034 (12/95)