SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** M85313 (8)J & M REALTY OF THE KEYS, INC. Principal Place of Business Malting Address % M. VLACANCICH % M. VLACANCICH 14-36 132ND STREET 14-36 132ND STREET **COLLEGE PT NY 11356-9046 COLLEGE PT NY 11356-9046** 3a. Date of Last Report 3. Date Incorporated or Qualified 06/14/1988 12/20/1995 4. FEI Number Applied For 2. Principal Place of Business 2a, Mailing Address 58-1795555 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has faithfully for intangible tax under s. 199 032 Country Country Zip Yes You Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VLACANCICH, MAURA 82 Street Address (P.O. Box Number is Not Acceptable) 292 ANGLERS DRIVE, NORTH MARATHON FL 33050 83 85 Zip Code 84 City 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. Thereby ascept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature registed when reneal ting) Signature, typed or ponted came of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 13. 12. DELETE 11 TIGUE D TITLE CR2E034 1.2 NAME VLACANCICH, JOHN NAME 292 ANGLERS DRIVE, NORTH 1.3 STREET ADDRESS STREET ADDRESS MARATHON FL 1.4 CiTY - ST - ZIP CITY-ST-ZIP Change Adoltion DELETE 2.1 111LE TITLE 2.2 NAME VLACANCICH, MAURA 292 ANGLERS DRIVE, NORTH 2.3 STREET ADDRESS STREET ADDRESS MARATHON FL 2 4 CITY - ST - ZIP CITY - ST-ZIP Change Addition DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY \$1-7IP CITY-ST-7IP Change Addition DELETE 4 1 THUE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 51 HILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6.1 THE TITLE 6.2 NAME NAME STREET ADDRESS 6 4 CHTY - ST - ZIP 14. I do bereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Scct on 119.07(3)(k). Florida Stabites 1 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 it 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 617. Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address. CITY - ST - ZIP

SIGNATURE AND TYPED OR MINTED NAME OF SIGNING

6-19-96