

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90043 021 ****61.25

DOCUMENT # N17703

1. Corporation Name

NAMI/FLORIDA KEYS, INC.

Principal Place of Business

1800 ATLANTIC BLVD A-203
PO BOX 5771
KEY WEST FL 33040
US

Mailing Address

1800 ATLANTIC BLVD A-203
PO BOX 5771
KEY WEST FL 33040
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/01/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2817825	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

GRABOIS, MITCHELL A.
1800 ATLANTIC BLVD A-203
KEY WEST FL 33040

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 617.0502 and 617.1508, 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 617.0503, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESPINOLA, EVELYN			1.2 NAME	Amy Phillips		
STREET ADDRESS	7-F PORTER PLACE			1.3 STREET ADDRESS	1104 Grinnell St.		
CITY-ST-ZIP	KEY WEST FL			1.4 CITY-ST-ZIP	Key West, FL 33040		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESPINOLA, EVELYN			2.2 NAME			
STREET ADDRESS	301 WHITE ST. APT. 7F			2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKLIN, JERRY			3.2 NAME			
STREET ADDRESS	1300 ASHBY ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Leclit Walters	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGILL, MARY			4.2 NAME			
STREET ADDRESS	SUNSET HARBOR 5031 FIFTH AVE., B18			4.3 STREET ADDRESS	3536 NORTHIDE COURT		
CITY-ST-ZIP	KEY WEST FL			4.4 CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	READ, SHERRY			5.2 NAME			
STREET ADDRESS	1509 PATRICIA STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	GRABOIS, MITCHELL A		
STREET ADDRESS				6.3 STREET ADDRESS	1800 ATLANTIC BLVD A 203		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Key West FL 33040		

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)