


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42580** (3)

1. Corporation Name

FLORIDA KEYS CHAPTER OF THE WOMEN'S COUNCIL OF REALTORS OF THE NATIONAL ASSOCIATION OF REALTORS,

Principal Place of Business

Mailing Address

P.O. BOX 366
88765 OVERSEAS HWY
ISLAMORADA FL 33036

P.O. BOX 579
TAVERNIER FL 33037-0579



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1991	3a. Date of Last Report 08/23/1996
21		26		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIKLAS, JOE
88765 OVERSEAS HWY.
ISLAMORADA FL 33036

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 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELAND, DIANE	1.2 NAME	Angie Sawdy
STREET ADDRESS	103300 OVERSEAS HWY	1.3 STREET ADDRESS	101925 Overseas Hwy
CITY-ST-ZIP	KEY LARGO FL 33037	1.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWDY, ANGIE	2.2 NAME	Sharon Warner
STREET ADDRESS	101487 OVERSEAS HWY	2.3 STREET ADDRESS	99550 Overseas Hwy.
CITY-ST-ZIP	KEY LARGO FL 33037	2.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGER, MARY	3.2 NAME	Marie Stanton
STREET ADDRESS	102800 OVERSEAS HWY	3.3 STREET ADDRESS	102800 Overseas Hwy.
CITY-ST-ZIP	KEY LARGO FL 33037	3.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIASER, NICOLAS	4.2 NAME	Charlotte Somers
STREET ADDRESS	99551 OVERSEAS HWY	4.3 STREET ADDRESS	103330 Overseas Hwy.
CITY-ST-ZIP	KEY LARGO FL 33037	4.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Charlotte Somers Treasurer 6/19/97 3:54 PM

CR2E037 (9/96)