FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9500002673 (0) 1. Corporation Name

FLORIDA KEYS DISCOVERY, INC.

Principal Place of Business

Mailing Address

8 PENSACOLA ROAD BIG PINE KEY FL 33043 POST OFFICE BOX 430137 BIG PINE KEY FL 33043-0137 FILED 93 J.N 17 77 B. 31 PLANSEL, PLOCIS



								3. Date l	ncorporated or Qu	alified	3a. Date of Last	Report
					· · · · · · · · · · · · · · · · · · ·		·-··		15/30/1995		N/A	
2. Principal Pla		2a. Mailing Address						4. FEI Number		Applied For		
21 233/		SACOLA Rosa	 					65	-0590	409		Not Applicable
Suite, Apt. 4	#, etc.		Suit	te, Apt. #, etc.				5. Certific	cate of Status Des	red [Additional Required
City & State			City	& State				6. Election	on Campaign Finar	icing _	- \$ 5.0	May Be
23 BIG F	PINE K	28					Trust	Fund Contribution		1	d to Fees	
Zıp				Zip Country				8. This corporation has liability for intangible tax under s. 199 032.				
24 3304		29	11				Florida Statutes 🔲 Yes 🔀 No					
	g, Name a	nd Address of Current	d Agent		1		10. Name and Address of New Registered Agent					
						81 Name						
ERSKINE, LARRY A						82 Street Address (P.O. Box Number is Not Acceptable)						
BIG PINE KEY SHOPPING CENTER, UNIT C8 X												
200 KEY		1831						,				
	E KEY FL 33	^ '	84			City	or 7.0 Code					
j	,					Sam	FL 85 Zip Code					
11. Pyrsuant t	to the provision	ns of Sections 617.0502 a oth, in the State of Florida	s, the abov	re na			this statement for	the purpose				
or register familiar wit	ed agent, or both. th. and accent	oth, in the State of Florida the obligations of, Sectio	∟Such cha n 617.0503	inge was authorize 3. Florida Statutes	d by the co	orpor	ration's boar	of directors	s. I hereby accept t	he appointn	ient as registered	agent. Lam
		£ #2 ENTR				Um	BER	CHANG	E IMDOS	ED A	By U.S.1	2 sturm to
SIGNATURE _	Signaly Rylly Signal	Linea pape of Apistera Tourse 19	All 1 apple	EFLE CISINOT	E District	4)6	d d suirad	1 MACO MARINE	BY CUR	RENT	DATE Rem S. T.	ud Age
12.		OFFICERS AND	DIFFCTOR	RS	13.			ADDII	IONS CHANGES	TO OFFICER	IS ANEXO RECTO	RS IN TA
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NAME	PAYNE, J		. 11		5 2 NA							
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CITY - ST - 2IP	HENDER:	SON NV 89014			6.4 CH	Y - ST -	ZIP HZ	ENDERS	SON, NV	89014	<i>ı</i>	
14. I do hereb	y certify that the	ne information supplied w	th this filing	is voluntarily furni	shed and d	does	not qualify fo	or the exemp	tion stated in Sect	on 119.07(3)(k), Florida Statu	tes. I further

certify that the information indicated on this annual report is 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:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR I

4/29/96 (305) 872-3725
Date Dertine Proce #