FILE NOW: FILING FEE IS \$61.25

Mailing Address

KEY WEST FL 33045

2a. Mailing Address

City & State

28

29

9. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

P.O. BOX 5361

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

SANCHEZ, ROBERTO

Suite, Apt. #, etc.

City & State

1200 KENNEDY DRIVE

KEY WEST FL 33040

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

10.

DOCUMENT # N96000001199 (6)

FLORIDA KEYS PROFESSIONAL SERVICES, INC.

	Date Incorporated or Qualified			
4.	07/13/1995 FEI Number	_		Applied For
	65-0594257			Not Applicable
5.	Certificate of Status Desired		•	75 Additional se Required
В.	Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
٠.	Is this nonprofit corporation a h	omeowne	ore assoc	clation?
			rront vo	ar Intangible
j.	This corporation owes or has pa Personal, Property Tax due June		Yes	No No
	•	3 0.	Yes	
D.	Personal Property Tax due June Name and Address of New Ro	a 30. egistered	Yes	
D.	Personal, Property Tax due June	a 30. egistered	Yes	
0.	Personal Property Tax due June Name and Address of New Ro	a 30. egistered	Yes	

FILED

May 19 1998 8:00am

Secretary of State

Sections of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Changing its 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, arm familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. Signature Section Secti		Z, ROBERTO	82	82 Street Address (P.O. Box Number is Not Acceptable)						
### 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 agont, 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 agont. I am firmlar with, and eccept the obligations of, Section 617,6503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agont. I am firmlar with, and eccept the obligations of, Section 617,6503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agont. I am firmlar with, and eccept the obligations of, Section 617,6503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agont. I am firmlar with an international properties. I am firmlar with a statement for the purpose of changing its registered obligations. I am firmlar with a statement for the purpose of changing its registered obligations. I statement for the purpose of changing its registered obligations. I hereby accept the appointment as registered agont. I all properties and a statement for the purpose of changing its registered obligations. I statement for the purpose of changing its registered agont. I all properties a statement for the purpose of changing its registered agont. I all properties agont a statement for the purpose of changing its registered agont. I all properties agont	5900 COLLEGE ROAD MEY WEST EL 22040									
TI. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submitle this statement for the purpose of changing its registered office or registered agont, 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 farmitiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, tyraid or protect name of registered agent and their if applicable NOTE Registered Agent signature agent a	1461 1164	31 1 L 33040								
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 affect or registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE			84	City	FL B5 Zip Code					
Silprature, typed or privid range of registered agont and tited in applications T. OFFICERS AND DIRECTORS TITLE D GELETE 1.1 TITLE SANCHEZ, ROBERTO TROUGHS THE TROUGHS TROUGH	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.									
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SANCHEZ, ROBERTO	SIGNATURE Signature brand or printed page of constant applicable DATE Designated Apple signature constant when rejectation DATE									
NAME STREET ADDRESS OTTY-ST-ZIP TITLE D D DELETE LOCKWOOD, ROBIN M.D. STREET ADDRESS OTTY-ST-ZIP TITLE D D DELETE LOCKWOOD, ROBIN M.D. STREET ADDRESS OTTY-ST-ZIP TITLE D D DELETE LOCKWOOD, ROBIN M.D. STREET ADDRESS OTTY-ST-ZIP TITLE D D DELETE STREET ADDRESS OTTY-ST-ZIP TITLE D D DELETE STREET ADDRESS OTTY-ST-ZIP TITLE D D D D D D D D D D D D D D D D D D D	12.	<u> </u>		K eighttore i						
TRUE D	TITLE	D DELETE	1.1 TITLE		☐ Change ☐ Addition					
MIAMI FL 33126	NAME	SANCHEZ, ROBERTO	1.2 NAME							
MIAMI FL 33126	STREET ADDRESS		1.3 STREET	ADDRESS	į					
NAME LOCKWOOD, ROBIN M.D. 22 NAME	CITY-ST-ZIP		1.4 CITY-S	-ziP						
1111 12 ST., STE. 112	TITLE	DELETE	2.1 TITLE		☐ Change ☐ Addition					
Crity-st-zip KEY WEST FL 33040 2 4 City-st-zip Change Addition	NAME	LOCKWOOD, ROBIN M.D.	2.2 NAME							
DELETE DELETE 31 TITLE Change Addition	STREET ADDRESS	1111 12 ST., STE. 112	2.3 STREET	ADDRESS						
NAME NURRAY, JACK T 3.2 NAME 3.3 STREET ADDRESS	CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-S	f-ZIP						
1421 12TH ST. 3.3 STREET ADDRESS 1421 12TH ST. 3.4 CITY-ST-ZIP	TITLE	D DELETE	3.1 TITLE	J	☐ Change ☐ Addition					
Addition City-st-zip KEY WEST FL 33040	NAME	MURRAY, JACK T	3.2 NAME							
DELETE	STREET ADDRESS	1421 12TH ST.	3.3 STREET	ADDRESS						
A. 2 NAME	CITY-ST-ZIP		3.4. CITY+S	r-ZIP						
A3 STREET ADDRESS A4 CITY-ST-ZIP TITLE Change Addition	TITLE	DELETE	4.1 TITLE]	Change Addition					
A CITY-ST-ZIP	NAME]		4. 2 NAME	j	,					
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	CITY-ST-ZIP		4.4 CITY - S	- ZIP						
5.3 STREET ADDRESS 5.3 STREET ADDRESS	TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition					
CITY-ST-ZIP TITLE DELETE 6.1 TITLE CHANGE Addition 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS	NAME		5.2 NAME							
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NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS	CITY-ST-ZIP		4	- ZIP						
STREET ADDRESS 6.3 STREET ADDRESS	TITLE	L_J DELETE	6.1 TITLE		☐ Change ☐ Addition					
	NAME		6.2 NAME							
Pritz-yrigha ■ Qit-tz-yrigha	STREET ADDRESS		6.3 STREET	DDRESS						
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	CITY-ST-ZIP	All the state of t			1 - Cardin 440 67(0)() Flavida Clauda 1 f. mb - 2 - 1 f. mb - 2					

Country

Name

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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:

05/01/98

305-296-9533