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**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90054 038 \*\*\*\*61.25

0024898

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000001250

1. Corporation Name  
**CROSS KEY WATERWAY, INC.**

515020 - 90054 - 38

Principal Place of Business  
 P.O. BOX 1552  
 KEY LARGO FL 33037  
 US

Mailing Address  
 P.O. BOX 1552  
 KEY LARGO FL 33037  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/04/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1718503	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUEROSSE, WILLIAM 1306 CALDER ROAD KEY LARGO FL 33037				81 Name	George W. Burroughs		
				82 Street Address (P.O. Box Number is Not Acceptable)	1207 Saratoga Ln		
				83			
				84 City	FL	85 Zip Code	33037
				Key Largo			

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: *George W. Burroughs* DATE: 4-12-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUEROSSE, WILLIAM		1.2 NAME	Burroughs, George W.	
STREET ADDRESS	1306 CALDER ROAD		1.3 STREET ADDRESS	1207 Saratoga Ln	
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARR, JOHN		2.2 NAME	Farr, John J.	
STREET ADDRESS	1130 GULFSTREAM LANE		2.3 STREET ADDRESS	1130 Gulfstream Lane	
CITY-ST-ZIP	KEY LARGO FL 33037		2.4 CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, CAROLEE		3.2 NAME	Keesee, Willis	
STREET ADDRESS	114 GEORGE ST.		3.3 STREET ADDRESS	108 George St	
CITY-ST-ZIP	KEY LARGO FL		3.4 CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RICHARD		4.2 NAME	Todd, David	
STREET ADDRESS	801 NARRAGONSETT LANE		4.3 STREET ADDRESS	614 Santa Anita	
CITY-ST-ZIP	KEY LARGO FL		4.4 CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEESEE, WILLIS		5.2 NAME	Simon Luis	
STREET ADDRESS	108 GEORGE STREET		5.3 STREET ADDRESS	830 Narragansett Ln	
CITY-ST-ZIP	KEY LARGO FL 33037		5.4 CITY-ST-ZIP	Key Largo, FL	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEANDRY, EARL		6.2 NAME	Mathis Brad	
STREET ADDRESS	1416 CALDER		6.3 STREET ADDRESS	203 Pimlico	
CITY-ST-ZIP	KEY LARGO FL		6.4 CITY-ST-ZIP	Key Largo, FL 33037	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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]* DATE: 4-12-99 DAYTIME PHONE #: 3054531163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)