	PLEA	SE READ					ING THIS FORM.		
	PLICATION FOR ISTATEMENT		14)	A C. R. ME 45 Cetary of S IVISION OF CORPO	arris State	DIV	FILED SECRETARY OF STATE ISION OF CORPORATION	: 5 HS	
DOCUMENT # N9600003124 1. Corporation Name						99 OCT 28 AM 10: 37			
HEAR1	OF THE KEY	YS TOURIS	SM ASSO	CIATION, IN	IC.				
Principal Place of Business Mailing Add				ress		-			
				12222 OVERSEAS HIGHWAY MARATHON FL 33050					
If above a	addresses are incorrect in	n any way, line thr	ough incorrect i	nformation and enter	correction below.				
			3. New Mail	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc. Suite				uite, Apt. #, etc.			5. FEI Number Applied For		
City & State			City & State			NOT APPLICABLE Not Applicable			
Ζιρ	Country		Zip	Count	ry	6. CERTIFICATI		Additional Fee required Certificate of Status	
Title(s)	and Street Addresses of Each Officer and/or Director (FI Name of Officers and/or Directors			St	ations must list at learnest Address of Each flicer and/or Director	h	City / State / Zip		
1 D					HAWK'				
P	TAVE, PAVL TAVENIER, DAVE FORTMANN, KATHI			GI HAWK'S CAY BLUD 1001 BOTH ST 11833 OVERSEAS HWY.			MARATHON FL 33050		
D	KITCHENER, AMELIA K RILL, CHEWYL			1583 52ND STREET, OULF PO BOX 522647			MARATHON FL-83050 3305 2		
SD	DORSMAN, JUDY HATHAWAY, ERIC			13685 OVERSEAS HIGHWAY			MARATHON FL 33050 LEY WEST FL 33040		
FB^D				1001-80TH STR		MARATHON FL 33050			
D	SCHULER, DELLA HAPT, VICKI			450 52ND STRE	nt 51082	र <i>8</i>			
	8. Name and Ad	dress of Current	<u> </u>	ent	Name 4		Address of New Registered Age	nt §	
KITCHENER, RAYMOND & KATHI FORTMAN					MANN KATHI FORMANN AS HUM Street Address (P.O. Box Number is Not Acceptable)				
12222	: OVERSEAS HIGHWA CHAINBER OF COMMI		EATHON)		Suite, Apt. #, Etc	733 <u>0</u>		W4	
				City MAD		1000030359219			
10. I, being	g appointed the registere	d agent of the abo	ve named corp	oration, am familiar v	with and accept the o	bligations of Sect	*************************************	HARMOLA'S AUU	
Signature o Registered		Hathe	- Jur	Traces SENT MUST SIGN	,		Date 10/26/9	9	
this rein	nstatement application, to	rector or the recei ne reason for diss een paid and the	ver or trustee en dution has been names of individ	mpowered to execute eliminated, the corp duals listed on this fo	orate name satisfles rm do not qualify for	the requirements an exemption un	apter 607 or 617, F.S. I further cer of section 607.0401 or 617.0401, der section 119.07(3)(i), F.S. The	, F.S., that all fees	
		/					1 1	DA	
SIGNA		the Jo	TMAN NTED NAME OF	SIGNING OFFICER OR	DIRECTOR	101	26/49 305°	-743-2449 ne Prione #	
