


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 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 # N96000006529 (9)
 1. Corporation Name
KEY LARGO ECONOMIC DEVELOPMENT COUNCIL, INC.

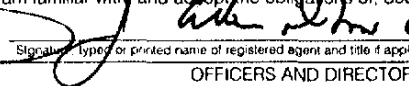
Principal Place of Business 106000 OVERSEAS HIGHWAY KEY LARGO FL 33037	Mailing Address 106000 OVERSEAS HIGHWAY KEY LARGO FL 33037-3116
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEFOOR, ALLISON 90130 OLD HIGHWAY TAVERNIER FL 33070				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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  DATE **2/14/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BELL-THOMPSON, JENNY			1.2 NAME			
STREET ADDRESS	88770 OVERSEAS HWY			1.3 STREET ADDRESS			
CITY - ST - ZIP	PLANTATION KEY FL 33070			1.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOILINI, JIM			2.2 NAME			
STREET ADDRESS	90130 OLD HWY			2.3 STREET ADDRESS			
CITY - ST - ZIP	TAVERNIER FL 33070			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DRAKE, DICK			3.2 NAME			
STREET ADDRESS	209 SANCTUARY DR.			3.3 STREET ADDRESS			
CITY - ST - ZIP	KEY LARGO FL 33037			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARRIS, JOE			4.2 NAME			
STREET ADDRESS	97802 OVERSEAS HWY			4.3 STREET ADDRESS			
CITY - ST - ZIP	KEY LARGO FL 33037			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARTIN, JOY			5.2 NAME			
STREET ADDRESS	P.O. BOX 788 99900 OVERSEAS HWY			5.3 STREET ADDRESS			
CITY - ST - ZIP	KEY LARGO FL 33037			5.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARR, SCOTT			6.2 NAME			
STREET ADDRESS	P.O. BOX 1050			6.3 STREET ADDRESS			
CITY - ST - ZIP	KEY LARGO FL 33037			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  DATE _____ DAYTIME PHONE # _____

CR2E037 (9/96)