


**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90012 017 \*\*\*\*70.00

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N98000001573</b>					
<b>1. Corporation Name</b> <b>UPPER KEYS VOLUNTEER SEARCH &amp; RESCUE, INC.</b>					
<b>Principal Place of Business</b> 1005 HIALEAH LANE KEY LARGO FL 33037			<b>Mailing Address</b> 1005 HIALEAH LANE KEY LARGO FL 33037		



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: Country:		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: Country:		<b>3. Date Incorporated or Qualified</b> 03/16/1998	
<b>4. FEI Number</b> 65-0821386		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Trust Fund Contribution</b>			

<b>9. Name and Address of Current Registered Agent</b> DEBERNARDIS, DAVID 1005 HIALEAH LANE KEY LARGO FL 33037				<b>10. Name and Address of New Registered Agent</b> 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: <b>FL</b> 85 Zip Code:			
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b> TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> 1.1 TITLE: <b>President T.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: <b>John Gustafson</b> 1.3 STREET ADDRESS: <b>P.O. Box 137</b> 1.4 CITY-ST-ZIP: <b>Key Largo, Fla 33037</b> 2.1 TITLE: <b>Vice President T.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME: <b>Tom Thompson</b> 2.3 STREET ADDRESS: <b>910 Tropical Ln.</b> 2.4 CITY-ST-ZIP: <b>Key Largo, Fla 33037</b> 3.1 TITLE: <b>Assistant Director D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME: <b>Ramon De Bernardis</b> 3.3 STREET ADDRESS: <b>1005 Hialeah Ln</b> 3.4 CITY-ST-ZIP: <b>Key Largo, Fla 33037</b> 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:			
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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 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: DAVID DE BERNARDIS**  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Ramon De Bernardis Aug. 13, 1999*

CR2E037 (5/99)