FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	I KEY ISLAND HOPPER, IN	C. (9)			
Principal Plac	e of Business	Mailing Address			<u>u daini nedej iniol (a)#) fêli (bo)</u>
CITY MARINA		P. O. BOX 106			
CEDAR KEY FL 32625		CEDAR KEY FL 32825			
US		U\$		DO NOT WRITE IN TI	HIS SPACE
į				3. Date Incorporated or Qualified 02/01/1993	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3157850	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat 23	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	red Agent
KE	MP, JAMES B.		81 Name		
HWY 24, SUNSET ISLE			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
CE	DAR KEY FL 32825		83		
			63		
			84 City		Zip Code
11. Pursuant	to the provisions of Sections 607 050	ne and 607.1508, Florida Statute	os, the above-named cor	poration submits this statement for the purpos	se of changing its registered
office or r agent. La	egistered agent, or both, in the State m <mark>famili</mark> ar with, and accept the oblig	of Florida, Such change was a ations of, Section 607,0505, Flo	iuthorized by the corpora orida Statutes.	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Silgnature typed or proced name of nigodered ag	(NOTE	Registered Agent signature requ	ured when reinstating) DA	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 1/TLE	1,000,000,000,000	Change Addition
NAME	BIB LE, DORIS M		1.2 NAME		
STREET ADORESS	101 DOCK ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL 32625		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		L DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Documen	3.4 CITY-ST-ZIP		Change
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME DEDEET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-2IP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
CTREET ADDRESS			SOSTREET ADDRESS		

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 acquired to the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplemental acquired to execute 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4/20/00

FILED

May 22 1998 8:00am

Secretary of State