FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

P93000061775 (1) **DOCUMENT #**

LOVEL	AND REALTY OF THE K	EYS, INC.						
Principal Place of Business 103300 O/S HWY. KEY LARGO FL 33037 US		Mailing Address 103300 O/S HIGHWAY KEY LARGO FL 33037 US						
					3. Date Incorporated or Qualified 09/03/1993		te of Last F)4/14/1 9	
2. Principal Pl. 21	ace of Business	2a. Mailing Address	,	·	4. FLI Number 65-0434161			Applied For
Suite, Apt.	#, etc	Suite, Apt. #, etc.						Not Applicable 5 Additional
22] 27				5. Certificate of Status Desired	[]		Required	
City & State	0	Orty & State			Election Campaign Financing Trust Fund Contribution			00 May Be
Zip	Country	7(p)	Country		This corporation has liability for			ed to Fees
24 25		29	L L		Florida Statutes			
	9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New I	registered	Agent	
MCDANIEL, THORTON				Street Addr	tress (P.O. Box Number is Not Acceptable)			
90130 OLD HIGHWAY			<u></u>		ess (r.o. box number is not Acceptable)			
SECOND FLOOR TAVERNIER FL 33070			83					
			84	City		FI	85 Z	ip Code
i or redisten	ed adent, or both, in the State of F	looga. Such chabbe was author	izaci kwitha earnar:	med corpora	ation submits this statement for the pu d of directors. Thereby accept the app	rpose of ch	anging its	registered office
tarrillar wit	th, and accept the obligations of, S	ection 607.0505, Florida Statute	os.		a or all octors. Thereby accept the app	Cirionent as	s register o t	ragent ranti
SIGNATURE _	Signature, typed or printed name of registered a	gent and the flapplication (f	VOTE Rogisteren Agent si	ignature response	/who reinstaing	[IATE		
12.	OFFICERS AND DIRECTORS TO DELETE		13.		ADDITIONS/CHANGES TO OFF	ICFRS AND	DIRECTO	ORS IN 12
TITLE NAME	LOVELAND, DIANE	☐ DELETE	1.17111.5			ļ	☐ Change	Addition
STREET ADDRESS	103300 O/S HWY		1.2 NAME 1.3 STREET AD	ingerss				
CITY - ST - ZIP	KEY LARGO FL		1.4 CHY - S1 - 2					
TITLE		DELETE	2 1 TITLE	····			Change	Add-tion
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			5.2 NAME	644.00				
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NAME			6 1 TITLE 6 2 NAME			Ĺ	Change	Add-tion
STHEFT ADDRESS			6.2 NAME	nocee				
CONTRACTOR DESIGNATION OF THE PARTY OF THE P			6.3 STREET ADI	uncoo				

14. 1do hereby certify that the information supplied with this filing is voluntarily furnished and does not give an adversarial for the exemption stated in Section 119.07(3)(k). 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 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if dyangod, or on an attachment with an address

6.4 CITY+ST-ZIP

SIGNATURE:

CITY - \$1 - 712

4/10/96 (305) 451.5055