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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061775 (1)

FILED Apr 13 1998 8:00am Secretary of State

_	WELAND REALTY OF THE KE	EYS, INC.			NG ANGLYALL (RAU 1981) AND 1881
Principal I	Place of Business	Mailing Address		1 1001/201 (10 15:10 (11(1 00/(1 05:11 00/(1 05:11 00/	(A B)(B) (1816 (584) 1880) B3() 3881
103900 O/S HWY. SUITE 8 CENTRAL PLAZA KEY LARGO FL 33037		103300 O/S HIGH #9 CENTRAL PLA KEY LARGO FL 3	ZA	DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
				09/03/1993	
	pal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	Apt. #, etc.	26 Suite, Apt. #, etc		65-0434161	Not Applicable
22		27	·.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City &	State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the	
24	9. Name and Address of Curre	29 29 Anent	30]	Personal Property Tax due June 30. 10, Name and Address of New Registers	Yes No
		A A A A A A A	81 Name	14. Home and Madioss of How Hedister	~# RAIII
	MCBANIEL, THORTON 90130 OLD HIGHWAY	Men	34 It		
		- Love and	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	SECOND FLOOR TAVERNIER FL 33070	LOCID OVERSE	27 Suy 83		
	INVERNMENT L 330/0	10 12	> /		
	> \ V~		33037 84 City	F	85 Zip Code
44 Dure	part to the provisions of Sections 607.06	02 and 607 1608 Florida 9	Statutas the above-named corr		
office	uant to the provisions of Sections 607.05 or registered agont, or both, in the Stat t. Lam familiar with, and accept the obli	to of Florida. Such change i	was authorized by the corpora	tion's board of directors. I hereby accept the	appointment as registered
OINCE					
ageni	t. I am familiar with, and accept the obli	gations of, Section 607.050	5, Florida Statutes.	, , , , , , , , , , , , , , , , , , , ,	
ageni SiGNATU	IRE.				
SIGNATU	RE Signature, typed or printed name of registered or	gent and little if applicable	(NOTE: Ringistered Agent signature requi	ared when reinstating) DATI	Ē
SIGNATU	RE Signature, typed or protect cause of registered a OFF ICERS AT	gent and little if applicable ND DIRECTORS	(NOTE: Registered Agent signature requi		AND DIRECTORS IN 12
SIGNATU 12. TITLE	Signature, typed or product carrier of regularist of OFF ICERS AT	gent and little if applicable	(NOTE: Registered Agent signature requirements) 13. E 1.1 TITLE	ared when reinstating) DATI	AND DIRECTORS IN 12
SIGNATU 12. TITLE NAME	Signature, typed or product carrier of regularist as OFF ICERS AT D LOVELAND, DIANE	gent and idea of applicable ND DIRECTORS	(NOTE: Registered Agent eignature requirements of the second seco	ared when reinstating) DATI	AND DIRECTORS IN 12
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14. Thereby certify that the information supplied with this filling 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 frustee 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.

SIGNATURE:

Diens Loveland

Diane Loveland Pres

1/20/98 30 451-5055