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

FILED
Apr 09 1998 8:00 am
Secretary of State

DOCUMENT # **P94000012930 (1)**

1. Corporation Name
FLORIDA KEYS INSURANCE, INC.

Principal Place of Business	Mailing Address
605 UNITED ST. A KEY WEST FL 33040 US	605 UNITED ST. A KEY WEST FL 33040 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1573 N. E 37th St
Suite, Apt. #, etc.
22 Oakland Park
City & State
23
Zip 24 33334 Country 25

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
02/14/1994
4. FEI Number
650583647
Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
BARNES, MICHAEL R P.A.
513 WHITEHEAD STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent
81 Name Ron Barker
82 Street Address (P.O. Box Number is Not Acceptable) 3 Arbutus Drive
83
84 City Key West, FL 85 Zip Code FL 33040

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 2-17-98
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	WRAY, PETER G		1.2 NAME	Wray, Peter G.	
STREET ADDRESS	605 UNITED ST		1.3 STREET ADDRESS	1573 N. E. 37th St	
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP	Oakland Park, FL 33334	
TITLE	PTD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLERT, RICHARD		2.2 NAME		
STREET ADDRESS	1410 18TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		2.4 CITY-ST-ZIP		
TITLE	VDS	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WRAY, MARYANNE H.		3.2 NAME		
STREET ADDRESS	1212 VARELA ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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Dep $15.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2-Feb-98 954-514-4044