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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074027 (1)

FAT DEER KEY MANAGEMENT CORP. II

Principal Place	e of Business	Maili	Mailing Address							I DERET BASIN 11811	(00) (0 0)
9627 S DIXIE H	₩Y		S DIXIE HWY								
SUITE 203	^		SUITE 203								
MIAMI FL 3315	0	МІЛМ	MIAM# FL 33156-2836					3. Date Incorporated or Qualified 3a. Date of Last Report			
								10/05/1994		/05/1996	
2. Principal Fi	lace of Business	2a. M	2s. Mailing Address					4. FEI Number	<u></u>		plied For
21		26	26					65-0537630		No	t Applicable
Suite, Apt	#, etc	S	Suite, Apt #, etc.					5. Certificate of Status Desired		\$8.75	
22		27	··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ·· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ·· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··							Fee Re	· · · · · ·
City & State	1	\vdash	City & State					6. Election Campaign Financing	<u></u>	\$5.00	
23 Zip	Country		28					Trust Fund Contribution		Added	
24	25	29	30		Country			8. This corporation has liability for Florida Statutes		e tax under s No	. 199.032,
<u> </u>		9. Name and Address of Current Registered Agent		[30]				10. Name and Address of New F			
MULLER, CHARLES E II						Nan	e		 -		
9100 S DADELAND BLVD						Ctro	at Address	ss (P.O. Box Number is Not Accepta	, blo		
	E 1707					Sirei	at Modre:	ss (P.O. Box Number is Not Accepta	inie)		
	WI FL 33156				83						
					84	Crty				of Zin	Codo
						City		FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.0	502 and 607	.1508, Florida Statul	tes, th	e above	-nam	ed corpo	ration submits this statement for the	purpose o	of changing in	s registered
agent ta	egistered agent, or both, in the St ni familiar with, and accopt the ob	are or Fioriba ligations of 5	Section 607.0505, FI	autrioi orida (Statutes	rine c S.	orporatic	on's board of directors. I hereby acc	ері тне ар	pontinent as	registered
SIGNATURE				_							
40	Signature typed or professional discountries				stered Age 13.	nt signa	ure required	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE CEDC AN	D DIRECTOR	OC INI SO
12.	D OF IGERS	AND DIRECT	DELETE		.1 TITLE			ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
NAME	BELL, MARY A		Decert	- 1	.2 NAME					onengo	- riddity
STREET ADORESS	9627 S DIXIE HWY SUITE 2	03	1.3 STREE			ADOBES					
CITY - \$1 - ZIP	MIAMI FL 33156	•			1.0 STREET 1.4 CITY-\$		3				
TITLE	INFAM I E 00 140		DELETE		2.1 TITLE	1-28				Change	Addition
NAM!				2	2 NAME						
STREET ADDRESS				2	Z.3 STREET	ADDRES	s	•			
0111 - \$T - 71P					2. 4 CITY - S						
TITLE	,		DELETE		3.1 TITLE			***************************************		Change	Addition
NAME				3	3.2 NAME						
STREET ADDRESS				3	3.3 STREET	ADDRES	s				
C-TY - ST - ZIP				3	9.4 CITY-S	51-2IP					
THILE			DELETE	4	1.1 TITLE					Change	Addition
NAME				4	4. 2 NAME		,				
STREET ADDRESS				4	4 3 STREET	ADDRES	s				
City - ST - 7IP		,		4	4 CITY-S	T-21P					
TITLE			DELETE	5	1 TITLE					☐ Change	Addition
NAME				5	52 NAME						
STREET ADDRESS				5	53 STREET	ADDRES	s				
CITY \$1-ZIP				5	4 CITY-S	T-ZIP					
THT_F			DELETE	€	51 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				ϵ	S 2 NAME		1.				

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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 in a cated 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 an attachment with an address.

SIGNATURE:

STREET ADDRESS

CITY:SI-7-2

GNATURE AND A PENNIED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

365.371-2902

FILED

Jan 28 1997 8:00am

Secretary of State