

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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # P94000076880 (1)

1. Corporation Name
KEY WEST COUNTRY CLUB, INC.



Principal Place of Business
6450 E JR. COLLEGE RD
KEY WEST FL 33040

Mailing Address
P.O. BOX 5886
KEY WEST FL 33045-5886

3. Date Incorporated or Qualified
10/14/1994

3a. Date of Last Report
04/27/1996

4. FEI Number
65-0528093

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

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

9. Name and Address of Current Registered Agent

ALLISON, JOHN R III
100 SE 2 ST
SUITE 3350
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	
NAME	LONDON, ELAINE A	12 NAME	PETER RUSMAN
STREET ADDRESS	6450 E JR. COLLEGE RD	13 STREET ADDRESS	6450 E. JR. COLLEGE RD.
CITY - ST - ZIP	KEY WEST FL 33040	14 CITY - ST - ZIP	KEY WEST, FL 33040
TITLE	VPTD	21 TITLE	
NAME	BEHMKE, JOHN	22 NAME	
STREET ADDRESS	6450 E JR. COLLEGE RD	23 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL 33040	24 CITY - ST - ZIP	
TITLE	VPAS	31 TITLE	
NAME	ALLISON, JOHN R III	32 NAME	
STREET ADDRESS	6450 E JR. COLLEGE RD	33 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL 33040	34 CITY - ST - ZIP	
TITLE	S	41 TITLE	
NAME	CREATH, JAQUELINE E	42 NAME	
STREET ADDRESS	6450 E JR. COLLEGE RD	43 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL 33040	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	
NAME	JOHNSTON, ANN E	52 NAME	
STREET ADDRESS	6450 E JR. COLLEGE RD	53 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL 33040	54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 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: *Jaqueline E. Creath* 4-25-97 305-296-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)