

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara D. Northam
Secretary of State
CORPORATE CORPORATIONS

APPROVED
AND
FILED

95 MAY 1 11 2: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000079003 (7)**

1. Current State Name
TEMPLE/KEY BISCAYNE, INC.

2. Principal Place of Business
**2300 CORPORATE BLVD., N.W.
SUITE 238
BOCA RATON FL 33431**

3. Mailed Address
**2300 CORPORATE BLVD., N.W.
SUITE 238
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1994	3a. Date of Last Report
4. FEI Number 65-0538781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has elected to incorporate under the Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailed Address
21. State App. # etc.	26. State App. # etc.
22. City & State	27. City & State
23. State	28. State
24. State	29. State
25. State	30. State

9. Name and Address of Current Registered Agent

**WALKER, WILLIAM H JR
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0145 and 607.1103, 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 607.0145, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TEMPLE, JOHN W
STREET ADDRESS	2300 CORPORATE BLVD., N.W. SUITE 238
CITY, ST. OR ZIP	BOCA RATON FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY, ST. OR ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST. OR ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST. OR ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST. OR ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST. OR ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST. OR ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, ST. OR ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY, ST. OR ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST. OR ZIP	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.171, (a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing report or supplemental filing report.

SIGNATURE: *John W. Temple* **John W. Temple** *4-26-95* **407/997-8841**

(PRINT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)