## 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

DOCUMENT # P9500008552 (8)

## FILED Mar 23 1998 8:00am Secretary of State

KEY WEST GOLF CLUB REAL ESTATE CO., INC.					
					AALEY ITIDA GIJAJ AYAR ITAJ YADI
Principal Place	n of Business	Mailing Address		I NODINEH NIKE KUNDI KIKID KANDI KECIK DUNK DIKA	<b>38161 19101 91101 311119 1101 1191</b>
P.O. BOX 3		P.O. BOX 344		1	
KEY WEST FL 33041		KEY WEST FL 33041			
]				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
9 Principal P	lace of Business	28. Mailing Address		01/27/1995 4. FEI Number	Applied For
21	lace of Business	26		65-0546532	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Z <sub>i</sub> p	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25 9. Name and Address of Curre		30]	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
	·	III negisteren Agerit	81 Name	10, Hame and Address of How Hegisterer	7 Again
	EHMKE, JOHN J				
105 FRONT ST., SUITE 319 KEY WEST FL 33040			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
,	E1 WEST FL 33040		83		
			84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, typed or profed name of registered as		Registered Agent signature requir		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DETRINE TOTAL	DELETE	1,1 TITLE		Change
NAME STREET ADDRESS	BEHMKE, JOHN 105 FRONT ST., SUITE 319	1	1,2 NAME	•	
CITY-ST-ZIP	KEY WEST FL 33040	,	1.3 STREET ADDRESS  1.4 CITY-ST-ZIP		
THILE	THE THE OTHER	DELETE	2.1 TITLE	<del></del>	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-\$1-ZIP			2. 4 CITY - ST - ZIP	-12	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		The said	3.4. CITY-ST-ZIP		
FITLE		☐ DELETÉ	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- ST-ZIP 5.1 TITLE		Change Addition
NAME		Doctor	5.2 NAME		- change - resultant
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		į
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		
4.4 ( 5 1)		11 At 2 At 2		Caption 440 07/21/3) Flacials Chabutas I Author a	

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 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:

Of Bil SOMELD

3-16-98

305-296-7078