

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013822 (8)

1. Corporation Name

MARINE BANK OF THE FLORIDA KEYS



Principal Place of Business

**12290 OVERSEAS HWY
MARATHON FL 33050**

Mailing Address

**12290 OVERSEAS HWY
MARATHON FL 33050**

3. Date Incorporated or Qualified
02/17/1995

3a. Date of Last Report
2/17/95

2. Principal Place of Business

21 11290 Overseas Highway

Suite, Apt. #, etc.

2a. Mailing Address

26 11290 Overseas Highway

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**John W. Conlin
63 53rd Street Ocean
Marathon, FL 33050**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(Signature of officer or director of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLISON, JOHN W	
STREET ADDRESS	3305 PRINCE	
CITY- ST- ZIP	CONWAY AR 72032	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCKHEIM, RICHARD A	
STREET ADDRESS	P.O. BOX 430362 N/A	
CITY- ST- ZIP	BIG KEY PINE FL 33050	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONLIN, JOHN W	
STREET ADDRESS	2557 SOMBRERO BLVD.	
CITY- ST- ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIELS, WILLIAM S	
STREET ADDRESS	511 AVENIDA PRIMICERIA	
CITY- ST- ZIP	MARATHON FL 33050	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, JANE F	
STREET ADDRESS	511 AVENIDA PRIMICERIA	
CITY- ST- ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, JOSEPH V	
STREET ADDRESS	P.O. BOX 420777 N/A	
CITY- ST- ZIP	SUMMERLAND KEY FL 33042	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

(305) 743-3030

Daytime Phone #

CR2E034 (12/95)