

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

FILED  
Aug 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000013822**  
1. Corporation Name  
**MARINE BANK OF THE FLORIDA KEYS**

Principal Place of Business  
**11290 Overseas Highway  
Marathon, Florida 33050**

Mailing Address  
**same**

3. Date Incorporated or Qualified  
**Feb. 17, 1995**

3a. Date of Last Report  
**May 1, 1996**

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	4. FEI Number <b>65-0914448</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHN W. CONLIN  
63 53rd Street, Ocean  
Marathon, Florida**

10. Name and Address of New Registered Agent

81 Name  
**W.S. Daniels**

82 Address (P.O. Box Number is Not Acceptable)  
**11290 Overseas Highway**

83 City  
**Marathon**

84 City  
**FL**

85 Zip Code  
**33050**

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V. <b>ALLISON, JOHN W.</b> <input type="checkbox"/> DELETE	1.1 TITLE	V.P./Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3305 Prince</b>	1.2 NAME	
STREET ADDRESS	<b>Conway, Ar</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T. <b>BUCKHEIM, RICHARD A</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.O. BOX 430362 N/A</b>	2.2 NAME	
STREET ADDRESS	<b>BIG PINE KEY, FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S. <b>CONLIN, JOHN W.</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2557 Sombrero Blvd.</b>	3.2 NAME	
STREET ADDRESS	<b>Marathon, Florida</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P. <b>DANIELS, WILLIAM S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>511 Avenida Primceria</b>	4.2 NAME	
STREET ADDRESS	<b>Marathon, Florida</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	C. <b>FISHER, JOSEPH V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.O. Box 42077</b>	5.2 NAME	
STREET ADDRESS	<b>Summerland Key, Florida</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 25, 1997

305 743-3030

Date

Daytime Phone #

CR2E034 (9/96)

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