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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000024821 (7)

FBC CONDOMINIUM SALES AND RENTALS, INC.

1,25

SID ATURE AND TYPED OR PHINTER ME OF SIGNIT DEFICER OF DIRECTOR

100 (	OOMOOMINION OALLO F	THE TIETH THEO, THE		
Principal Place of Business		Mailing Address		I HODINDAN KAO ABABA BRANA BORIN BORIN BORIN BORIN BRANA KABAN DIBUN IORAD HABAN HABA INDA
U.S. HWY. 1 MILE MARKER 103.500		P.O. BOX 2520 KEY LARGO FL	33037	
KEY LARGO	O FL 33037			3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1995
2. Principal Place of Business		2a. Mailing Address		4. FE! Number Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc		65-0565766 Not Applicable  \$8,75 Additional
22		27	•	5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,
24	25	29	30	Fiorida Statutes Yes No
	9. Name and Address of Cur	rent Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
- CHEO!	JANI DAVID A		·	10.0 Day Number is Not Associable)
SHERMAN, DAVID A U.S. HWY. 1			82 Street Add	dress (P.O. Box Number is Not Acceptable)
MILE MARKER 103.500			83	
KEY LARGO FL 33037			84 City	85 Zip Code
				FL
or registere familiar with SIGNATURE	ed agent, or both, in the State of F h, and accept the obligations of, S	forida. Such change was auti lection 607.0505, Florida Stat	norized by the corporation's bountes.	oration submits this statement for the purpose of changing its registered office ard of directors. I hereby accept the appointment as registered agent. I am
12.	Signature ityped or printed name of registered a OFFICERS	gent and tile if applicable AND DIRECTORS	(NOTE Registered Agent signature requirements)	red when reinstatings  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1. 1 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, DAVID A	_	1.2 NAME	
STREET ACORESS	U.S. HWY. 1, M.M. 103.	500	1.3 STREET ADDRESS	
CD¥ ST ZIP	KEY LARGO FL 33037		1.4 CITY - ST - ZIP	
TITLE	SD	DELETE	2 1 TITLE	Change Addition
NAME	YOUNG, NORMA C	FAA	2 2 NAME	
STREET ADDRESS	U.S. HWY. 1, M.M. 103. KEY LARGO FL 33037	500	2 3 STREET ADDRESS	
CHY SI-ZIF	NET DANGO PL 3303/	DELETE	2 4 City-St-ZiP 3 1 TitlE	☐ Change ☐ Addition
MAME			32 NAME	<del></del>
STREET ADDRESS			33 STREET ADDRESS	
CITY - S1 - ZIP			3.4 CITY-ST-ZIP	
TILE		DELETE	4 1 TITLE	Change Addition
NAMÉ			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITE St ZIP		☐ DELETE	4 4 CITY - ST - ZIP 5 1 TITLE	Change Addition
1) TUTE			5.2 NAME	,
NAME STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST ZIP			5.4 CiTY-ST-ZIP	
1011F		DELETE	6 1 1/fLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADORESS			6 3 STREET ADDRESS	
011Y - S1 - 71F			64 CITY-ST-ZIP	L. H
14. I do hereb certify that oath; that appears in	ly certify that the information supplied the information indicated on this a Lam an officer or director of the conflock 12 or Block 12 if changed,	led with this filing is voluntarily annual report or supplementa orporation or the receiver or to or on an attachment with an	rurnished and does not qualify I annual report is true and accurately endouble to addless	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further irate and that my signature shall have the same legal effect as if made under this report as required by Chapter 607, Florida Statutes, and that my name