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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

TITLE

NAME

STREET ADORESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075636 (7)

TL KEYS CONSTRUCTION CORPORATION

22811 JOHN SILVER LANE 22811 JOHN SILVER LANE SUMMERLAND KEY FL 33042-4252 CUDJOE KEY FL 33042 2. Principal Place of Business 2a. Mailing Address P.O. BOX 420422 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 Summerland Country ush 24 25 9. Name and Address of Current Registered Agent Name KEYS. LARRY E. 22811 JOHN SILVER LANE 82 Street Addre CUDJOE KEY FL 33042 83 City 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporalities or registered agent, or both, in the State of Florida. Such change was authorized by the corporationagent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stignature, typed or provided non-circlinegistered agent and title if applicable (NOTE: Registered Agent signaturé requires 12. OFFICERS AND DIRECTORS 13. TIFLE DELETE 1.4 TITLE KEYS, LARRY E NAME 1.2 NAME 25811 JOHN SILVER LANE STREET ADDRESS 1.3 STREET ADDRESS CUDJOE KEY FL 33042 CITY -ST - 7-2 14 CITY-ST-ZIP DELETE THEF 21 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CHY-ST-7P 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZP 3 4. CiTY - ST - 7iP DELETE TiffLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZiP 4.4 CITY - ST - ZIP DELETE THLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 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 if charged or on an attachouse with an address

FILED Feb 05 1997 8:00am Secretary of State

	 Date Incorporated or Qualified 09/27/1995 	3a. Date of Last Report 03/18/1996				
	4. FEI Number	1 321	j	Α	pplied For	
	65-0611482		•		ot Applicable	!
	5. Certificate of Status Desired	\$8.75 Additional Fee Required				
	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
	This corporation has liability for in Florida Statutes		tax u		s. 199.032,	
-	10. Name and Address of New Reg	istered	Agen	ì		
						ŀ
	ss (P.O. Box Number is Not Acceptab	le)				1
						1
		FI	85	Zip	Code	٦
+	ration submits this statement for the pi n's board of directors. I hereby accep	urpose o	f char	iging i	ts registered	\dashv
1	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRE	CTO	29 IN 12	
	ACCITIONS/OFFICE TO OFFICE	LI IO MIN		hange	Addition	1
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		***************************************	С	hange	Addition	1
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LARRY E. KEYS 1/29/97 305/304-1779