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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000076961

1. Corporation Name

KEYS MARINE TWO, INC.

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Principal Place of Business Mailing Address						iji dolli idbib olilo ibilo	01101 1101 1501
87851 OLD HIGHWAY		87851 OLD HIGHWAY	87851 OLD HIGHWAY			:	
1		OCEAN HARBOR PH-23					
		ISLAMORADA FL 33036			DO NOT WRITE IN THIS SPACE		
บร		US			3. Date Incorporated or Qualifed		
					10/02/1995		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	<u>-</u>	plied For
21		26			65-0624462	<u> </u>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
22		27				· •	
City & State		City & State		6. Election Campaign Financing	\$5.00		
23 Zin	Country	Zip	Country		Trust Fund Contribution	Added to	o rees
Zip		· ·	30	y	This corporation owes the current y Personal Property Tax.		Ż No
24	9. Name and Address of Curr	29 29 Agent	30		10. Name and Address of New Regi		X
	3. Italie and Address of Cult	ent iredistered Adent	81	Name	To Hame and Addition of House		
ROT	'H, JOSEPH H JR						
OCEAN HARBOR CLUB PH-23			82	82 Street Address (P.O. Box Number is Not Acceptable)			,
	51 OLD HIGHWAY		83		The second secon	7.7. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	311 1151
l	MORADA FL 33036			1		1.数量数据	
			84	City	•	85 Zip C	Code
'44 Discusses	to the provisions of Costions 607.0	502 and 607 1509 Elorido State	toe the abou	vo named com	poration submits this statement for the purp	ose of changing its	registered
office or r	registered agent, or both, in the Stat	te of Florida. Such change was	authorized by	the corporation	on's board of directors. I hereby accept the	appointment as rec	gistered
l ourre-our				www.porane			
agent. I a	rm familiar with, and accept the obli	gations of, Section 607.0505, FI	orida Statutes	S.			
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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 appliemental 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 appear with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90006 018 ***150.00