

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086391 (6)
1. Corporation Name

CONCH CLIPPER OF THE FLORIDA KEYS, INC.

Principal Place of Business

Mailing Address

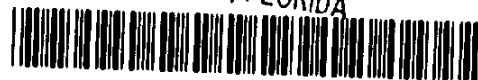
P.O. BOX 1919
ISLAMORADA FL 33036

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ISLAMORADA FL 33036

FILED

96 AUG 26 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1995		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0627162		Applied for Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HERSHOFF, JAY A HERSHOFF, LUPINO, DEFOOR & GREGG 60130 OLD HIGHWAY TAVERNER FL 33070				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City			
				DANIEL S. BURNHAM 83409 U.S. 1 # 31B ISLAMORADA FL 33036			
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: DANIEL S. BURNHAM		8/2/96					
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		NAME		11 TITLE		12 NAME	
D		CAMPBELL, JOSEPH		☐ DELETE		☐ Change ☐ Addition	
STREET ADDRESS		P.O. BOX 1919		13 STREET ADDRESS		14 CITY - ST - ZIP	
CITY - ST - ZIP		ISLAMORADA FL 33036		21 TITLE		22 NAME	
NA				23 STREET ADDRESS		24 CITY - ST - ZIP	
TITLE		NAME		31 TITLE		32 NAME	
☐ DELETE		☐ DELETE		33 STREET ADDRESS		34 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS		41 TITLE		42 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		43 STREET ADDRESS		44 CITY - ST - ZIP	
TITLE		NAME		51 TITLE		52 NAME	
☐ DELETE		☐ DELETE		53 STREET ADDRESS		54 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS		61 TITLE		62 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		63 STREET ADDRESS		64 CITY - ST - ZIP	
TITLE		NAME		71 TITLE		72 NAME	
☐ DELETE		☐ DELETE		73 STREET ADDRESS		74 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS		81 TITLE		82 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		83 STREET ADDRESS		84 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOSEPH E. CAMPBELL

7/22/96 305-664-9342

CR2E034 (3/96)