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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information supplied with the indicated on this annual report or supplemental officer or director of the corporation or the re-

Block 12 or Block 13 if changed, or

CITY-ST-ZIP



ELORIDA DEPARTMENT DE STATE

FILED

Mar 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032720 (0)

COCONUT BAY OF KEY LARGO, INC.

Principal Place of Business Mailing Address 97770 OVERSEAS HIGHWAY POST OFFICE BOX 2098 KEY LARGO FL 33037 KEY LARGO FL 33037 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0664411 21 26 Not Applicable Suite, Apt. #. etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zıp Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LARON, ITZIK 97770 OVERSEAS HIGHWAY Street Address (P.O. Box Number is Not Acceptable) 82 KEY LARGO FL 33037 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ■ DELETE 1.1 TITLE ☐ Change TITLE LARON, ITZIK 1.2 NAME NAME 97770 OVERSEAS HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE LARON, MARGARET 2.2 NAME NAME 97770 OVERSEAS HIGHWAY STREET ADDRESS 2.3 STREET ADDRESS KEY LARGO FL 33037 2.4 CITY-ST-ZIP City-St-21P DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ DELETE 61 TITLE 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

El OURER

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in