

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000055049 (6)

1. Corporation Name

KEY MARCO DEVELOPMENTS TWO, INC.



Principal Place of Business

Mailing Address

277 NORTH COLLIER BLVD.  
2ND FLOOR  
MARCO ISLAND FL 33937

277 NORTH COLLIER BLVD.  
2ND FLOOR  
MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1996

4. FEI Number

65-0694215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3185 Horseshoe Dr. S

Suite, Apt. #, etc.

22 1st Floor

City & State

23 Naples, FL

Zip

24 34104

Country

25 USA

2a. Mailing Address

26 3185 Horseshoe Dr. S

Suite, Apt. #, etc.

27 1st Floor

City & State

28 Naples, FL

Zip

29 34104

Country

30 USA

9. Name and Address of Current Registered Agent

SOLOMON, A. JACK  
277 NORTH COLLIER BLVD.  
2ND FLOOR  
MARCO ISLAND FL 33937

CHANGE

10. Name and Address of New Registered Agent

81 Name

SOLOMON, A. JACK c/o The Ronto Group

82 Street Address (P.O. Box Number is Not Acceptable)

3185 Horseshoe Drive South

83

84 City

Naples

FL

85 Zip Code

34104

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDVS ☐ DELETE

NAME UNGER, MARTIN G M.D.  
STREET ADDRESS 66 AVENUE RD., CONCOURSE #1  
CITY-ST-ZIP TORONTO, ONTARIO CANADA M5R 3N8

TITLE T ☒ DELETE

NAME UNGER, MARTIN G M.D.  
STREET ADDRESS 66 AVENUE RD., CONCOURSE #1  
CITY-ST-ZIP TORONTO, ONTARIO CANADA M5R 3N8

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME T

1.3 STREET ADDRESS UNGER, MARTIN G. M.D.

1.4 CITY-ST-ZIP 66 AVENUE RD., CONCOURSE #1

2.1 TITLE TORONTO, ONTARIO CANADA M5R 3N8 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 executor 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 attachment with an address.

SIGNATURE

2/11/98 (141) 649-6310

CR2E034 (10/97)