

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000065195 (5)**

1. Corporation Name

LTD MANAGEMENT COMPANY

FILED
Jan 22 1997 8:00am
Secretary of State



Principal Place of Business
1075 DUVAL STREET
SUITE C-17
KEY WEST FL 33040

Mailing Address

1075 DUVAL STREET
SUITE C-17
KEY WEST FL 33040-3115

2. Principal Place of Business

1125 DUVAL STREET

Suite, Apt. #, etc.

26. Mailing Address

1075 DUVAL STREET

Suite, Apt. #, etc.

22.

City & State

KEY WEST FL

KEY WEST, FL

Zip

Country

33040

MONROE

Zip

33040

MONROE

Country

MONROE

9. Name and Address of Current Registered Agent

HEFFERNAN, JAMES
1075 DUVAL STREET
SUITE C-17
KEY WEST FL 33040

81. Name

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

83.

84. City

FL 85. Zip Code

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 liability as of, Section 607.0505, Florida Statutes.

SIGNATURE: *James H. Heffernan*

DATE: **1/7/97**

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D/P** DELETE
NAME: **HEFFERNAN, JAMES**
STREET ADDRESS: **1075 DUVAL STREET, SUITE C-17**
CITY-ST-ZIP: **KEY WEST FL 33040**

1.1 TITLE: **D/P** Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

TITLE: **O/S** DELETE
NAME: **THOMSON, I. GODPREY**
STREET ADDRESS: **1075 DUVAL STREET, SUITE C-17**
CITY-ST-ZIP: **KEY WEST, FL 33040**

2.1 TITLE: **O/S** Change Addition
2.2 NAME: **THOMSON, I. GODPREY**
2.3 STREET ADDRESS: **1075 DUVAL STREET, SUITE C-17**
2.4 CITY-ST-ZIP: **KEY WEST, FL 33040**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3.1 TITLE:
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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 changed, or on a facsimile with an address

SIGNATURE: *James H. Heffernan*

1/7/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)