

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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000070083 (6)

1. Corporation Name
LAURAMAR OF KEY WEST, INC.



Principal Place of Business 218 WHITEHEAD STREET KEY WEST FL 33040	Mailing Address 218 WHITEHEAD STREET KEY WEST FL 33040
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0694708	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALLISON, JOHN R III 100 S.E. SECOND STREET, SUITE 3350 MIAMI FL 33131				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Pres
NAME	MARKOS, LAURA	1.2 NAME	Markus, Laura
STREET ADDRESS	218 WIZTHEAD ST	1.3 STREET ADDRESS	218 Whitehead St.
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	Key West, FL.
TITLE	VP	2.1 TITLE	VP
NAME	MARKOS, DONALD P	2.2 NAME	Markus, Donald
STREET ADDRESS	218 WHITEHEAD ST	2.3 STREET ADDRESS	218 Whitehead St.
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	Key West, FL
TITLE	S	3.1 TITLE	S
NAME	DEMCRALL, MICHAEL W	3.2 NAME	Demcrak, Michael
STREET ADDRESS	218 WHITEHEAD ST	3.3 STREET ADDRESS	218 Whitehead St.
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	Key West, FL.
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 attachment with an address.

SIGNATURE:  **3-20-98** **305 294-2562**
 _____ Date Daytime Phone # 0166293

CR2E034 (10/97)