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PROFIT ' CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 19 1997 8:00 am Secretary of State

1997	DIVISION OF	CORPORATIONS	Secreta	ary of State	
DOCUMENT # P960 1. Corporation Name FLORA KEY RESORTS, INC.	000077070 (6)		1 (88)(88)(410 (80)(1 0)(1)(10)(1 08)(1 08)	HI 88H 188H 188H 188H 188H	31
Principal Place of Business	Mailing Address			UTA Ord ia 1000ka 1000ka 000ka 000ka	
ENTHOUSE 5 295 GULF OF MEXICO DRIVE ONGBOAT KEY FL 34228	PENTHOUSE 5 2295 GULF OF MEXICO D LONGBOAT KEY FL 34226				
			 Date Incorporated or Qualified 09/16/1996 	3a, Date of Last R	leport
. Principal Place of Business	2a. Mailing Address		4. FEI Number		oplied For
Sulte, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		ot Applicable Additional
City I City	27 Cdv P. Stole			Fee Ro	equired
City & State	City & State		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip Country	Zip	Country	8. This corporation has liability fo		. 199.032,
25 2. Name and Address of	29 Current Registered Agent	30	Florida Statutes 10. Name and Address of New F	Yes No legistered Agent	
PHENEY, JAMES F		81 Name	.1/.	<u> </u>	
PENTHOUSE 5	_	82 Street Add	dress (P.O. Box Number is Not Ago et a	able)	
2295 GULF OF MEXICO DRIVE		83			
LONGBOAT KEY FL 34228					
		84 City		FL 85 Zip	Code
 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the 	he State of Florida. Such change was	ites, the above-named co	rporation submits this statement for the	purpose of changing it	ts registered registered
аусп. ганттаниал with, ана ассерт (г.	ne obligations of, Section 607.0505, Fi	lorida Statutes.	ation's board of directors, Thereby acc	ерг пе арролилен аз	, og olored
		forida Statutes. If Begistered Agent signature req	,	DATE OATE	
SIGNATURE Signature, typod or printed name of repr	istered agent and title of applicable (NO FRS AND DIRECTORS	Iorida Statutes. If Registered Agent signature req	,	DATE	RS IN 12
SIGNATURE Signature, typod or privited care of reprint 2. OFFICE	istered again and title 1 applicable (NO FRS AND DIRECTORS	Iorida Statutes. IE Begistered Agent signature req 13. 1.1 TILE	uired when reinstating)	DATE	
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appears in Block 12 or Block 13 if changed, or on an alternation