

**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

**FILED**

**97 MAY 29 AM 10:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000097017 (3)**

1. Corporation Name  
**VESTA OF THE FLORIDA KEYS, INCORPORATED**



Principal Place of Business  
**400 SADOWSKI CAUSEWAY  
KEY COLONY BEACH FL 33051**

Mailing Address  
**POST OFFICE BOX 510881  
MARATHON FL 33050-0177**

**P.O. BOX 510881 33051  
Key Colony Bch FL**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified  
**12/02/1996**

3a. Date of Last Report  
**N/A**

4. FEL Number  
**65-0711671**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, THOMAS D ESQ.  
FIRST PROFESSIONAL CENTRE  
5701 OVERSEAS HWY., SUITE 17  
MARATHON FL 33050**

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PVST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LARSON, AMY</b>	
STREET ADDRESS	<b>POST OFFICE BOX 510881</b>	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL 33051</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LARSON, AMY</b>	
STREET ADDRESS	<b>POST OFFICE BOX 510881</b>	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL 33051</b>	
TITLE	<b>Amy Larson President</b>	<input type="checkbox"/> DELETE
NAME	<b>Amy Larson</b>	
STREET ADDRESS	<b>117 Coco Plum Dr Apt 2</b>	
CITY-ST-ZIP	<b>Marathon, FL 33050</b>	
TITLE	<b>Sole Shareholder</b>	<input type="checkbox"/> DELETE
NAME	<b>President Sec &amp; Treasure</b>	
STREET ADDRESS	<b>117 Coco Plum Dr</b>	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<b>Marathon, FL 33050 Apt 2</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PVST Amy Larson</b>
1.3 STREET ADDRESS	<b>117 Coco Plum Dr, Apt 2</b>
1.4 CITY-ST-ZIP	<b>Marathon, FL 33050</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Same</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>600002199166--0</b>
3.3 STREET ADDRESS	<b>-06/03/97--01023--0104</b>
3.4 CITY-ST-ZIP	<b>****173.75 ****173.75</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>5/20/97</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 unchanged, or on an attachment with an address.

SIGNATURE: **Amy Larson**

**3/29/97 305-289-**

CR2E034 (9/96)