Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90087 035 ***150.00

PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000019330

1. Corporation Name

PROPERTIES OF KEY LARGO, INC.

Principal Place	of Business	Mailing Address		T (DEIVEN) (IN INTIL DANI) ON IN HOIL DO	INT (INCH INCH (IIIN) IIIII DAII VANI
1025 DOVE ROAD		1002 BELMONT AVE.			
KEY LARGO FL 33037		FAYETTEVILLE NC 28305		DO NOT WIDITE IN TO	10 0DA0E
		US		DO NOT WRITE IN TH	IIS SPACE
				 Date Incorporated or Qualified 02/24/1997 	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
 1	ace of business	<u> </u>		65-0727656	Not Applicable
21 Suite, Apt. i	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	,, 5.5.	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 -	<u> </u>	-Trust Fund Contribution LJ -	- Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	<u>ol</u> _	Personal Property Tax.	Yes □No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
DOE	MELODIE		81 Name		
	DOVE ROAD		82 Street ***	Acceptable)	
	LARGO FL 33037		83		
1121	D 11 100 1 2 0000,				
			84 City	F	85 Zip Code
44 🖶	o the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose	of changing its registered
11. Pursuant t					
office or re	egistered agent, or both, in the State	of Florida. Such change was auti	horized by the corporati	ion's board of directors. I hereby accept the ap	pointment as registered
office or re agent. I ar	gistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was auti	horized by the corporati	ion's board of directors. I nereby accept the ap	pointment as registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligations of registered agents.	of Florida. Such change was autitions of, Section 607.0505, Florid at and title if applicable. (NOTE: R	norized by the corporation of th	ed when reinstating)	
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6.3 STREET ADDRESS

STREET ADDRESS 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 of 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 18 inchanged or on an attachment with an address, with all other like empowered.