

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

FILED

Feb 02 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000037535 (6)**

1. Corporation Name  
**KEY WEST FLYER, INC.**



Principal Place of Business	Mailing Address
201 S BISCAYNE BLVD SUITE 1402 MIAMI FL 33131	201 S BISCAYNE BLVD SUITE 1402 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2601 South Bayshore Dr Suite, Apt. #, etc.	26 2601 South Bayshore Dr Suite, Apt. #, etc.	65-0763277	Not Applicable
22 Suite 1600	27 Suite 1600	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State Miami, Florida	28 City & State Miami, Florida	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 33133	25 Country USA	29 Zip 33133	30 Country USA
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

OLLE, DENNIS J  
201 S BISCAYNE BLVD  
SUITE 1402  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	Dennis J. Olle
82 Street Address (P.O. Box Number is Not Acceptable)	Adorno & Zedek, P.A.
83	2601 South Bayshore Drive #1600
84 City	Miami
85 Zip Code	FL 33133

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 *Dennis J. Olle* *Dennis J. Olle* 1-26-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, ALLEN C	12 NAME	
STREET ADDRESS	1360 S DIXIE HWY	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLLE, DENNIS J	2.2 NAME	
STREET ADDRESS	201 S BISCAYNE BLVD SUITE 1402	2.3 STREET ADDRESS	2601 South Bayshore Dr. #1600
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	Miami Florida 33133
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Allen C Harper* 1-26-98 (305) 667-8871

CR2E034 (10/97)