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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1, Corporation Name P97000070260 (9)

FLORIDA KEYS ADVENTURES AND GETAWAYS, INC.

## **FILED** Apr 15 1998 8:00am Secretary of State



rillicipal riac	Se Of Dusiness	Malling	Mailing Address			
99900 OVERSEAS HWY KEY LARGO FL 33037			PO BOX 600 KEY LARGO FL 33037			
KET DANGO PE 49007		NC1 U	NET LANGU PL 3303/			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						08/11/1997
2. Principal F	Place of Business	2a Maili	ng Address			
21		<u>}</u>	<del></del>			Applied 1 of
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.			
22		27				5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State		· · · · · · · · · · · · · · · · · · ·	City & State			
23		28	¬ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country		
24	25	29		30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
	9. Name and Address of Cu	rrent Registered	Agent	130		10. Name and Address of New Registered Agent
M	ARR, MARY			81	Name	
	4 \$ AIRPORT RD			ļ		
	VERNIER FL 33070		82 Street Add			Address (P.O. Box Number is Not Acceptable)
17	WENNIER FE 33070			83	1	
				03		
				84	City	85 Zip Code
44 Dura and	12.15	0500 - 1 007 45	SO ET 11 BY		l	FL   B   Zh ood
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and lifte if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12.		AND DIRECTORS		13.	on a sign assure	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD		DELETE	1.1 TITLE		Change Addition
NAME	MARR, MARY			1.2 NAME		
STREET ADDRESS	204 S AIRPORT RD			1.3 STREET	ADDDCCC	
CITY-ST-ZIP	TAVERNIER FL 33070			1.4 CITY - 5		]
TITLE	VID		DELETE	2.1 TITLE	51 - ZIL	Change Addition
NAME	MARTIN, JOI			2.2 NAME		weeting, soy
STREET ADDRESS	204 S AIRPORT RD			2.3 STREET	AUDBEEC	116 3.0000 Phom
	- FAVERNIER FL 33070					KEY KACLO, FL 33037
CITY-ST-ZIP TITLE			DELETE	2.4 CITY - 3.1 TITLE	21-515	☐ Change ☐ Addition
NAME				3.2 NAME		To custantia Modificiti
STREET ADDRESS					Anneres	
				3.3 STREET		
CITY-ST-ZIP TITLE			DELETE	3.4. CITY-1	SI - ZIP	Change Cladelli-
			FT DEFETE	4.5 TITLE		] Change] Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET		
CITY-ST-ZIP			Drutte	4.4 CITY - S	T- ZIP	
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY - S	T-ZIP	
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS	•			6.3 STREET	ADDRESS	
CITY-ST. ZIP				64 CITY-S	T 71D	

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.