

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

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000091535 (9)**  
1. Corporation Name  
**FIRST STATE BANK OF THE FLORIDA KEYS**



Principal Place of Business Mailing Address  
**1201 SIMONTON STREET  
KEY WEST FL** **1201 SIMONTON STREET  
KEY WEST FL**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/24/1997</b>	
21	22	26	27	4. FEI Number <b>65-0790413</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>DIEGO CASO 1201 SIMONTON ST. KEY WEST, FL 33040</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, JOSEPH B JR</b>	1.2 NAME	
STREET ADDRESS	<b>813 WADDELL AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARTMAN, GREGORY D</b>	2.2 NAME	
STREET ADDRESS	<b>1547 5TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERVALDI, FRANK V</b>	3.2 NAME	<b>D BERVALDI, FRANK V.</b>
STREET ADDRESS	<b>3406 RIVERA DRIVE</b>	3.3 STREET ADDRESS	<b>3406 RIVERA DR.</b>
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	3.4 CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUM, GARY</b>	4.2 NAME	
STREET ADDRESS	<b>1111 JOHNSON STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEMP, WILLIAM O</b>	5.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1529</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL 33041</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, DANIEL E JR</b>	6.2 NAME	
STREET ADDRESS	<b>12 AZALEA DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	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 \_\_\_\_\_ **1-14-98 (305)**

CR2E034 (10/97)