


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

FILED

Mar 05 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000091535**  
1. Corporation Name  
**FIRST STATE BANK OF THE FLORIDA KEYS**

Principal Place of Business 1201 SIMONTON STREET KEY WEST FL	Mailing Address 1201 SIMONTON STREET KEY WEST FL
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08/05/99 90072 031 150<sup>00</sup>  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified 10/24/1997	Applied For Not Applicable
4. FEI Number 65-0780416	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**DIEGO CASO**  
1201 SIMONTON ST.  
KEY WEST, FL 33040

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

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

X SIGNATURE: \_\_\_\_\_ Date: 2/10 99 296-8535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)

F 3/06