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

Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P97000106148 (4) DOCUMENT # LOOE KEY REEF RESORT, INC. Principal Place of Business Mailing Address MM 28 U.S. #1 P.O. BOX 420428 RAMROD KEY FL 33042 SUMMERLAND KEY FL 33042 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/17/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0799950 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zıp Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. Yes 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GREENMAN, FRANKLIN D ESO **5800 OVERSEAS HIGHWAY** Street Address (P.O. Box Number is Not Acceptable) **MARATHON FL 33050** 83 84 City Zip Code 85 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. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE Change \_\_ Addition 1.1 TITLE THLE President SULLIVAN, WENDY WENDY SULLIVAN NAME 1.2 NAME 867 EAST CARIBBEAN DRIVE 1.3 STREET ADDRESS STREET ADDRESS SUMMERLAND KEY FL 33042 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE Change Addition Seere tary Joseph Glenn NAME 2 2 NAME 867 EAST CARIBBEAU DRIVE STREET ADDRESS 23 STREET ADDRESS SUMMERLAND Kty, FL 33042 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 DITY-ST-ZIP DELETE Change Addition TITLE 5 t THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 2IP DELETE Addition 6.1 TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

City-St-ZiP

SIGNATURE:

14. Hereby certify that the information supplied with this bling 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 trusted empowered to execute the eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attachment with empaddress.

**FILED**