04251999-90014-033-$8.75-$8.75 * 04251999-90014-034-$150.00-$150.00

FILED
Apr 25, 1999 8:00 am
Secretary of State
04-25-1999 90014 033 *****8.75
04-25-1999 90014 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000000187**

1. Corporation Name
YOUR FLORIDA KEYS CONNECTION, INC.

Principal Place of Business	Mailing Address
P O BOX 817 KEY LARGO FL 33037	P O BOX 817 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1998

2. Principal Place of Business (21)	91940 Overseas Hwy
Suite, Apt. #, etc. (22)	#7
City & State (23)	Tavernier, FL.
Zip (24) / Country (25)	FL 33070 / USA
2a. Mailing Address (26)	P.O Box 79
Suite, Apt. #, etc. (27)	
City & State (28)	Tavernier, FL
Zip (29) / Country (30)	33070 / USA

4. FEI Number: 65-0813190 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NAPOLES, MARTA M
101551 W SEAS HWY
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 91940 Overseas Hwy #7
83
84 City: Tavernier FL 85 Zip Code: 33070

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: MARTA M. NAPOLES DATE: 4/8/99
(Corporate officer appointed to be 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	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	CRISTINA RODRIGUEZ	1.2 NAME	
STREET ADDRESS	443 LIME DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 33037	1.4 CITY-ST-ZIP	
TITLE	VP, Reg. Agent ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARTA M. NAPOLES	2.2 NAME	
STREET ADDRESS	443 Lime DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	Key Largo, FL 33037	2.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CRISTINA RODRIGUEZ	3.2 NAME	
STREET ADDRESS	443 Lime Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KeyLargo, FL 33037	3.4 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTA M. NAPOLES	4.2 NAME	
STREET ADDRESS	443 Lime Dr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KeyLargo, FL 33037	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: MARTA M. NAPOLES, VP 4/8/99 3058527772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #