


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90021 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000025786		
1. Corporation Name FLORIDA KEYS TRANSPORTATION, INC.		



Principal Place of Business 615 AMELIA STREET KEY WEST FL 33040	Mailing Address 615 AMELIA STREET KEY WEST FL 33040
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5700 4TH AVENUE		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/19/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
23 City & State KEY WEST, FL		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33040		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		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 ROSENBERG, LOUIS 615 AMELIA STREET KEY WEST FL 33040		10. Name and Address of New Registered Agent 81 Name MICHAEL HALPERN, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 209 DUVAL ST. 83 84 City KEY WEST	
85 Zip Code 33040		86 State FL	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME ROSENBERG, LOUIS	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9800 CLYDESDALE STREET	CITY-ST-ZIP POTOMAC MD 20854	1.1 TITLE 1.2 NAME	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE D	NAME DOELMAN, JAN	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 615 AMELIA STREET	CITY-ST-ZIP KEY WEST FL 33040	2.1 TITLE 2.2 NAME	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE D	NAME THEODARAKIS, STEVE	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 183 BLACKBEARD ROAD	CITY-ST-ZIP LITTLE TORCH KEY FL 33042	3.1 TITLE 3.2 NAME	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	4.1 TITLE 4.2 NAME	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	5.1 TITLE 5.2 NAME	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	6.1 TITLE 6.2 NAME	6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)