

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000098593

1. Corporation Name
ARTISTIC HOMES OF THE FLORIDA KEYS, INC.

Principal Place of Business
29812 ORCHID LANE
BIG PINE KEY FL 33043

Mailing Address
POST OFFICE BOX 430106
BIG PINE KEY FL 33043

2. Principal Place of Business
21 29182 Orchid Lane

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

28

City & State

23 Florida

Zip

24 33043

Country

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81

Name

Timothy W. YAKEL

Street Address (P.O. Box Numbers Not Acceptable)

82

City

29182 Orchid Lane

83

Zip

84

Country

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

Tim W. YAKEL

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

(NOTE: Registered Agent signature required when reinstating)

4/15/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE	PSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICHER, MICHAEL T		1.2 NAME	michael T. Discher	
STREET ADDRESS	29812 ORCHID LANE		1.3 STREET ADDRESS	29182 Orchid Lane	
CITY-ST-ZIP	BIG PINE KEY FL 33043		1.4 CITY-ST-ZIP	Big Pine Key, FL 33043	
TITLE	VTD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAKEL, TIMOTHY W		2.2 NAME		
STREET ADDRESS	29812 ORCHID LANE		2.3 STREET ADDRESS	29182 Orchid Lane	
CITY-ST-ZIP	BIG PINE KEY FL 33043		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *Tim W. YAKEL* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 305/872-1385
Date Daytime Phone #

0173866

CR2E034 (11/98)