FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S34744 (0)

1. Corporation Name

ANCHOR PROPERTIES, INC. OF THE KEYS

Principal Place of Business	Mailing Address
82685 OVERSEAS HIGHWAY P O BOX 568 ISLAMORADA FL 33036	82685 OVERSEAS HIGHWAY P O BOX 568 ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1991
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 82681	26 82681
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0246355 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAAD, ROBERT E. 82685 OVERSEAS HIGHWAY ISLAMORADA FL 33036	81 Name: ROBERT BAAD 82 Street Address (P.O. Box Number is Not Acceptable): 150 Ocala Dr. 83 33070 84 City: Tavernier FL 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 Robert E. Baad — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE 4/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☒ Change ☐ Addition
NAME	BAAD, ROBERT E.	1 2 NAME	
STREET ADDRESS	82685 OVERSEAS HIGHWAY	1 3 STREET ADDRESS	82681 Overseas Hwy
CITY - ST - ZIP	ISLAMORADA FL	1 4 CITY - ST - ZIP	
TITLE	VP	2 1 TITLE	☒ Change ☐ Addition
NAME	FOUTS, THOMAS S.	2 2 NAME	Please Delete
STREET ADDRESS	119 SOUTH DRIVE	2 3 STREET ADDRESS	
CITY - ST - ZIP	ISLAMORADA FL	2 4 CITY - ST - ZIP	
TITLE	TS	3 1 TITLE	☒ Change ☐ Addition
NAME	BAAD, SHIRLEY	3 2 NAME	
STREET ADDRESS	82685 OVERSEAS HIGHWAY	3 3 STREET ADDRESS	82681 Overseas Hwy
CITY - ST - ZIP	ISLAMORADA FL	3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Robert E. Baad — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/11/95 Date — 305 852-2500 Daytime Phone #

0423747 FP