FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # S34744 (0)

1. Corporation Name

ANCHOR PROPERTIES, INC. OF THE KEYS

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

Mailing Address
82685 OVERSEAS HIGHWAY
P O BOX 568
ISLAMORADA FL 33036

3. Date Incorporated or Qualified: 02/25/1991
3a. Date of Last Report: 04/20/1995
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 83266 U.S. # 1
Suite, Apt. #, etc.
27
City & State
28 Islamorada Fla
Zip 29 33036 Country 30

9. Name and Address of Current Registered Agent

ROBERT BAAD
150 OCALA DR
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 Baad
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	BAAD, ROBERT E.	
STREET ADDRESS	82681 OVERSEAS HWY	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	TS	[ ] DELETE
NAME	BAAD, SHIRLEY	
STREET ADDRESS	82681 OVERSEAS HWY	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[✓] Change [ ] Addition
1.2 NAME	BAAD, ROBERT E	
1.3 STREET ADDRESS	150 Ocala Dr.	
1.4 CITY-ST-ZIP	TAVERNIER Fla 33070	
2.1 TITLE		[✓] Change [ ] Addition
2.2 NAME	BAAD, Shirley	
2.3 STREET ADDRESS	150 Ocala Dr	
2.4 CITY-ST-ZIP	TAVERNIER Dr FLA 33070	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Baad ROBERT BAAD 3-20-96 305-852-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)