

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 PM 3:14

DOCUMENT # **S57832 (5)**

1. Corporation Name  
**TROPICAL REALTY OF THE FLORIDA KEYS, INC.**

Principal Place of Business	Mailing Address
100650 OVERSEAS HIGHWAY P.O. BOX 567 KEY LARGO FL 33037	100650 OVERSEAS HIGHWAY P.O. BOX 567 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/04/1991</b>	3a. Date of Last Report <b>04/25/1994</b>
--	--

2. Principal Place of Business	2a. Mailing Address
21 100670 Overseas Hwy	26 100670 Overseas Hwy
22 Suite, Apt. #, etc. P.O. Box 567	27 Suite, Apt. #, etc. P.O. Box 567
23 City & State Key Largo, FL	28 City & State Key Largo, FL
24 Zip 33037	29 Zip 33037
25 Country	30 Country

4. FEI Number <b>65-0270714</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**LALONDE, KAREN J.  
100650 OVERSEAS HIGHWAY  
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	100670 Overseas Hwy
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 Karen J. LaLonde DATE 1-27-95  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LALONDE, KAREN J.
STREET ADDRESS	P O BOX 988 N/A
CITY - ST - ZIP	KEY LARGO FL
TITLE	D
NAME	WASMUND, JANE A.
STREET ADDRESS	430 COLLINS STREET
CITY - ST - ZIP	KEY LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Karen LaLonde
1.3 STREET ADDRESS	P.O. Box 3162 / 591 Boyd
1.4 CITY - ST - ZIP	Key Largo, FL 33037
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: Karen J. LaLonde DATE: 1-27-95 TELEPHONE: 305 451-5800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (M) (Date)