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May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90249 038 \*\*\*150.00

101331

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S57832

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



Principal Place of Business  
100670 OVERSEAS HIGHWAY  
P. O. BOX 567  
KEY LARGO FL 33037  
US

Mailing Address  
100670 OVERSEAS HIGHWAY  
P. O. BOX 567  
KEY LARGO FL 33037  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/04/1991

4. FEI Number  
65-0270714

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 owes the current year Intangible Personal Property Tax.  Yes  No

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

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LALONDE, KAREN J.  
100670 OVERSEAS HIGHWAY  
KEY LARGO FL 33037

81 Name Susan Sabin  
82 Street Address (P.O. Box Number is Not Acceptable) 916 Tropical Lane  
83  
84 City Key Largo FL 85 Zip Code 33037

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]* Director DATE 5/10/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS     | CITY-ST-ZIP  | DELETE                              |
|-------|-------------------|--------------------|--------------|-------------------------------------|
| D     | LALONDE, KAREN J. | 146 DICKEY WAY     | TAVERNIER FL | <input checked="" type="checkbox"/> |
| D     | WASMUND, JANE A.  | 430 COLLINS STREET | KEY LARGO FL | <input checked="" type="checkbox"/> |
|       |                   |                    |              | <input type="checkbox"/>            |
|       |                   |                    |              | <input type="checkbox"/>            |
|       |                   |                    |              | <input type="checkbox"/>            |
|       |                   |                    |              | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME              | STREET ADDRESS    | CITY-ST-ZIP         | Change                              | Addition                 |
|-------|-------------------|-------------------|---------------------|-------------------------------------|--------------------------|
| P/D   | Watson, Ronald P. | 916 Tropical Lane | Key Largo, FL 33037 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| S/T/D | Sabin, Susan      | 916 Tropical Lane | Key Largo, FL 33037 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|       |                   |                   |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                   |                   |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                   |                   |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                   |                   |                     | <input type="checkbox"/>            | <input type="checkbox"/> |

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]* Ronald P. Watson DATE 5/10/99 (305) 451-5800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)