

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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S73892** (9)

1. Corporation Name
RONTO DEVELOPMENTS KEY MARCO, INC.



Principal Place of Business
**277 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937**

Mailing Address
**277 NORTH COLLIER BLVD.
MARCO ISLAND FL 34145-3033**

3. Date Incorporated or Qualified 08/16/1991	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0299541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**REINDERS, JAMES M.
277 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81 Name **A. Jack Solomon**
82 Street Address (P.O. Box Number is Not Acceptable)
277 N. Collier Blvd.
83
84 City **Marco Island, FL** 85 Zip Code **34145**

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 of registered agent or registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE
4-2-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDAS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINDERS, JAMES M.	1.2 NAME	
STREET ADDRESS	277 N. COLLIER BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, A. JACK	2.2 NAME	PVD SOLOMON, A. Jack
STREET ADDRESS	5255 YONGE STREET	2.3 STREET ADDRESS	277 N. Collier Blvd.
CITY - ST - ZIP	WILLOWDALE ON	2.4 CITY - ST - ZIP	Marco Island, FL 34145
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, RAYMOND	3.2 NAME	
STREET ADDRESS	227 N. COLLIER BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL	3.4 CITY - ST - ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, WILLIAM F.	4.2 NAME	ST WELKS. Karen E.
STREET ADDRESS	277 N. COLLIER BLVD.	4.3 STREET ADDRESS	277 N. Collier Blvd.
CITY - ST - ZIP	MARCO ISLAND FL	4.4 CITY - ST - ZIP	Marco Island, FL 34145
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEIKH, SHEERIN	5.2 NAME	
STREET ADDRESS	5255 YONGE STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	WILLOWDALE ON	5.4 CITY - ST - ZIP	
TITLE	ST <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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4-2-97

PHONE
(941) 394-5197

0416699

CR2E034 (9/96)