


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

FILED

May 12 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 # S94146 (5)																																																																																																																																																					
1. Corporation Name P.L. ASSOCIATES OF KEY WEST, INC.																																																																																																																																																					
Principal Place of Business 6450 E. JR. COLLEGE RD. KEY WEST FL 33040			Mailing Address PO BOX 5886 KEY WEST FL 33045-5886																																																																																																																																																		
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		3. Date Incorporated or Qualified 11/13/1991																																																																																																																																																	
				3a. Date of Last Report 05/01/1996																																																																																																																																																	
				4. FEI Number 65-0308389																																																																																																																																																	
				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																																																																																																																																																	
9. Name and Address of Current Registered Agent ALLISON, JOHN R. III 100 SE 2ND STREET SUITE 3350 MIAMI FL 33131			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																					
12. OFFICERS AND DIRECTORS																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">DPT</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> DELETE</td> <td style="width:10%;">1.1 TITLE</td> <td style="width:30%;">DPT</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LONDON, ELAINE A.</td> <td></td> <td>1.2 NAME</td> <td>PETER RUSMAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6450 E. JR. COLLEGE RD.</td> <td></td> <td>1.3 STREET ADDRESS</td> <td>6450 E. JR. 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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																																																					
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: <u>Jaqueline E. Creath, Secretary</u> 4/25/97																																																																																																																																																					

CR2E034 (9/96)