


4-10-97 B-4346 NC  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **V10380** (6)  
1. Corporation Name  
**KEYS LODGING, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>13351 OVERSEAS HWY<br/>MARATHON FL 33050</b> | Mailing Address<br><b>13351 OVERSEAS HIGHWAY<br/>MARATHON FL 33050-3550<br/>US</b> |
|--|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>01/28/1992</b>  | 3a. Date of Last Report<br><b>03/12/1996</b>           |
| 4. FEI Number<br><b>65-0310747</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional<br/>Fee Required</b>              |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be<br/>Added to Fees</b>                 |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>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<br><b>ROBERT BROWNING<br/>1800 SECOND ST.<br/>SUITE 755<br/>SARASOTA FL 34236</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 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 |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PAUL SEGUIN</b>                 | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1800 SECOND ST STE. 800</b>     | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>SARASOTA FL 34236</b>           | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COFFIN, CRIS</b>                | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1800 SECOND STREET</b>          | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>SARASOTA FL</b>                 | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 3.2 NAME  |   |
| STREET ADDRESS             |                                    | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 4.2 NAME  |   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME  |   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <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:  **PAUL SEGUIN, PRES.** 4/2/97 3057438850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)