

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V52864 (8)
1. Corporation Name
KEY LARGO ISLE, INC.



Principal Place of Business
107800 OVERSEAS HIGHWAY
KEY LARGO FL 33037
US

Mailing Address
PO BOX 1453
KEY LARGO FL 33037
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 213 ATLANTIC BLVD
Suite, Apt. #, etc.
22 City & State
23 KEY LARGO - FLORIDA
Zip
24 33037
Country
25 U.S.A.

2a. Mailing Address
26 P.O. BOX 1453
Suite, Apt. #, etc.
27 City & State
28 KEY LARGO - FLORIDA
Zip
29 33031
Country
30 U.S.A.

3. Date Incorporated or Qualified
07/20/1992

4. FEI Number
65-0346740
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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PATEL, YOGENDRA
103 CALOOSA ST
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name
YOGENDRA C. PATEL
82 Street Address (P.O. Box Number Is Not Acceptable)
213 ATLANTIC BLVD
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
PATEL, YOGENDRA C.
103 CALOOSA ST
TAVERNIER FL

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
PATEL, SHAILESH C.
103 CALOOSA ST
TAVERNIER FL

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
AMIN, ANSUYA
103 CALOOSA ST
TAVERNIER FL

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PATEL, PRAVINA Y.
103 CALOOSA ST
TAVERNIER FL

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE ☐

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PSTD
YOGENDRA C. PATEL
213 ATLANTIC BLVD
KEY LARGO - FL 33037

Change ☒ Addition ☐

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VD
SHAILESH C. PATEL
213 ATLANTIC BLVD
KEY LARGO - FL 33037

Change ☒ Addition ☐

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D
ANSUYA A AMIN
213 ATLANTIC BLVD
KEY LARGO - FL 33037

Change ☒ Addition ☐

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
PRAVINA Y. PATEL
213 ATLANTIC BLVD
KEY LARGO, FL 33037

Change ☐ Addition ☐

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change ☐ Addition ☐

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change ☐ Addition ☐

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.

SIGNATURE:

YOGENDRA C. PATEL 7/11/98

CR2E034 (5/98)