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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 432851

(4)

SOUTH KEY REST CORP

1010 SEAWANE DRIVE HEWLETT HARBOR NY 11557-2804

Principal Place of Business

SIGNATURE:

Mailing Address
1010 SEAWANE DRIVE
HEWLETT HARBOR NY 11557-2604

FILED Jan 29 1997 8:00am Secretary of State



									3. Date Incorporated or Qualified	3a. Dr	ate of Last F	leport	
									08/15/1973	0.5	05/01/1996		
	rincipal Pl	lace of Busin	ess	<u>⊢</u> ,	2a. Mailing Address				4. FEI Number	-	Ai	oplied For	
21				26					11-2374051		<del></del>	ot Applicable	
22	Suite, Apt	#, etc.		Suite, Apt. 6	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23	City & State	0		├¬ ´	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
	'ip	Country Zip 30				Country 0			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent				
GUZZONE, SAL M							Na	ame					
C/O CAMPBELL & ROSEMURGAY REAL ESTATE							St	reet Addre	ess (P.O. Box Number is Not Acceptab	le)		<del> </del>	
1233 E. HILLSBORO BLVD.						82 Street Ac			ses (F.O. DOX Number is Not Acceptac	10)			
	DE	erfield b	EACH FL 33441			83							
						84	Ci	ity		FL	85 Zip	Code	
11.	Pursuant	to the provis	ions of Sections 607.	0502 and 607.1508, Flo	rida Statutes	, the abov	e-na	med corpo	oration submits this statement for the p		f changing i	ts registered	
	off-de or r	egistered ag	erit or both, in the St	ate of Florida. Such cha rigations of, Section 60	inge was au	thorized b	y the	corporation	on's board of directors. I hereby accep	t the app	ointment as	registered	
	-	Hatachilical AAI	in, and accept the or	rigations of, Section 60	7.0303, F#OII	ua siaidie	ъ.						
SIG	NATURE	Signature, typical	or printed name of registered	Lagent and Idia if applicable	(NOTE	Registered Ag	ent sic	nature require	d when reinstating)	DATE	<del></del>	<del> </del>	
12.				AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12	
TITLE		PD			DÉLÉTE	1.1 TITLE	-				☐ Change	Addition	
NAME			SSEL, LEONARD			1.2 NAME							
SIRES	ET ADDRESS	1010 SE	EAWANE DRIVE			1.3 STREE	1 ADDE	RESS					
	ST - 20F	HEWLET	it harbor ny			1.4 C(TY-)							
TITLE		DT			DELETE	2.1 TITLE		<del>-  </del>			Change	☐ Addition	
NAME		SCHLUS	SSEL, IRVING			22 NAME			*				
STREE	ET ADORESS	1010 SE	EAWANE DRIVE			23 STREE		RESS					
	-\$1 - Z(P	HEWLE	it harbor ny			2. 4 CiTY-							
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	ET ADORESS					3.3 STREE	I AODE I	RESS					
	ST-20P					3.4. CITY-		1					
TITLE					DELETE	4 1 TITLE	J1 14	<u></u>	**************************************		Change	Addition	
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	ELADORESS .					4.3 STREE	I YUUE	RESS					
	ST-ZIP					4.4 CITY-1							
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	ET ADORESS					5.3 STREE	T ADDE	RESS					
	ST ZIP					5.4 CITY-							
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NAME						6.2 NAME							
	ET ADORESS					6.3 STREE	T ADDE	RESS					
	-SI-20P					6.4 CITY-							
· · · · · · · · · · · · · · · · · · ·	I do heret	by certify that	t the information supp	olied with this filing does	s not qualify	for the ex	empt	ion stated	in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify that	the	
	information I am an or appears i	on indicated i ifficer or direc in Block 12 o	on this annual report stor of the corporation if Block 13 if change	or supplemental annual portive receiver on trust for on an attachment v	report is tru ee empower vith an addre	e and acc red to exe ess.	urate cute	and that this report	my signature shall have the same lega as required by Chapter 607, Florida S	l effect as tatutes; a	s if made un ind that my i	der oath; the name	