

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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002058 (6)
 1. Corporation Name
KEY WEST DEVELOPERS, LTD., INC.

Principal Place of Business C/O ANN P. ALEXANDER, THE HORSESHOE HCR 1, BOX 60 CHARLOTTESVILLE VA 22901	Mailing Address C/O ANN P. ALEXANDER, THE HORSESHOE HCR 1, BOX 60 CHARLOTTESVILLE VA 22901
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2644 Atoka Road Suite, Apt. #, etc. 22 Marshall, VA City & State 24 20115 25 Country		2a. Mailing Address 26 2644 Atoka Road Suite, Apt. #, etc. 27 Marshall, VA City & State 29 20115 30 Country		3. Date Incorporated or Qualified 05/03/1993	4. FEI Number 54-1655040	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTCD <input type="checkbox"/> DELETE	1.1 TITLE	PTCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ANN P	1.2 NAME	Alexander, Ann P
STREET ADDRESS	C/O HCR 1, BOX 60	1.3 STREET ADDRESS	2644 Atoka Road
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	1.4 CITY-ST-ZIP	Marshall, VA 20115 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VSAT <input type="checkbox"/> DELETE	2.1 TITLE	VSAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALEH, STEPHANIE	2.2 NAME	Saleh, Stephanie
STREET ADDRESS	1260 15TH STREET, SUITE 106	2.3 STREET ADDRESS	11950 San Vincente Blvd, Suite 216
CITY-ST-ZIP	SANTA MONICA CA	2.4 CITY-ST-ZIP	Los Angeles, CA 90049 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 _____ DATE _____

CR2E034 (10/97)