


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

FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M16499** (9)  
1. Corporation Name  
**CARIBEE PROPERTIES OF THE FLORIDA KEYS, INC.**

Principal Place of Business <b>81611 OLD HIGHWAY ISLAMORADA FL 33036</b>	Mailing Address <b>81611 OLD HIGHWAY ISLAMORADA FL 33036</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/10/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2569589</b>	
22	City & State	27	City & State	Applied For <input checked="" type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PELL, JOHN 81611 OLD HWY ISLAMORADA FL 33036</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELL, JOHN C</b>	1.2 NAME	
STREET ADDRESS	<b>81611 OLD HWY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ISLAMORADA FL</b>	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELL, JOHN C</b>	2.2 NAME	
STREET ADDRESS	<b>81611 OLD HWY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ISLAMORADA FL</b>	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELL, JOHN C</b>	3.2 NAME	
STREET ADDRESS	<b>81611 OLD HWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ISLAMORADA FL</b>	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELL, JOHN C</b>	4.2 NAME	
STREET ADDRESS	<b>81611 OLD HWY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ISLAMORADA FL</b>	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELL, JOHN C</b>	5.2 NAME	
STREET ADDRESS	<b>81611 OLD HWY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ISLAMORADA FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELL, JOHN C</b>	6.2 NAME	
STREET ADDRESS	<b>81611 OLD HWY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ISLAMORADA FL</b>	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, on an attachment with an address.

SIGNATURE:

*Sandra B. Mortham*  
Sandra B. Mortham, Secretary of State

1-17-98 305-664-0012

CR2E084 (10/97)