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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000074 (6)
 1. Corporation Name

3406 NORTH ROOSEVELT BOULEVARD CORPORATION



Principal Place of Business 3406 WEST ROOSEVELT BOULEVARD SUITE 201 KEY WEST FL 33040 US	Mailing Address 3406 WEST ROOSEVELT BOULEVARD SUITE 201 KEY WEST FL 33040 US
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3. Date Incorporated or Qualified 10/30/1992		
4. FEI Number 65-0368637	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HUTTON, SUZANNE A. 310 FLEMING STREET ROOM 29 KEY WEST FL 33040	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	WICKERS, BILL
STREET ADDRESS	161 KEY HAVEN RD.
CITY-ST-ZIP	KEY WEST FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	TAPOROWSKI, VINCENT
STREET ADDRESS	RT. 4, BOX 1038
CITY-ST-ZIP	BIG PINE KEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEWIS, SALLY
STREET ADDRESS	401 SOUTH ST.
CITY-ST-ZIP	KEY WEST FL
TITLE	T <input type="checkbox"/> DELETE
NAME	PADRON, ROBERT
STREET ADDRESS	1626 SOUTH ST
CITY-ST-ZIP	KEY WEST FL
TITLE	P <input type="checkbox"/> DELETE
NAME	INGRAM, MICHAEL
STREET ADDRESS	1118 FLEMING ST.
CITY-ST-ZIP	KEY WEST FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TEALL, RUSSELL
STREET ADDRESS	111 SAGUARO LANE
CITY-ST-ZIP	MARATHON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Herbert Spiegel
1.3 STREET ADDRESS	Po Box 527 NA
1.4 CITY-ST-ZIP	Islamorada FL 33036
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCOTT MAER
2.3 STREET ADDRESS	527 Caribbean Dr.
2.4 CITY-ST-ZIP	Key Largo, FL 33037
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Shirley Freeman
3.3 STREET ADDRESS	310 Fleming St.
3.4 CITY-ST-ZIP	Key West FL 33040
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Ingram* MICHAEL B INGRAM 1-5-98

CR2E037 (10/97)