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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90032 010 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N92000000074**

1. Corporation Name  
**3406 NORTH ROOSEVELT BOULEVARD CORPORATION**

|   |   |
|---|---|
| Principal Place of Business   | Mailing Address   |
| 3406 WEST ROOSEVELT BOULEVARD<br>SUITE 201<br>KEY WEST FL 33040<br>US | 3406 WEST ROOSEVELT BOULEVARD<br>SUITE 201<br>KEY WEST FL 33040<br>US |



|   |  |  |
|---|--|--|
| 2. Principal Place of Business            | 2a. Mailing Address                            | 3. Date Incorporated or Qualified  |
| 21 <b>1201 White St</b>                   | 26 <b>1201 White St.</b>                       | <b>10/30/1992</b>  |
| 22 Suite/Apt. #, etc. <b>102</b>          | 27 Suite/Apt. #, etc. <b>102</b>               | 4. FEI Number <b>65-0368637</b>  |
| 23 City & State <b>Key West, FL</b>       | 28 City & State <b>Key West, FL</b>            | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |
| 24 Zip <b>33040</b> 25 Country <b>USA</b> | 29 Zip <b>33040-3308</b> 30 Country <b>USA</b> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent                          | 10. Name and Address of New Registered Agent   |
| HUTTON, SUZANNE A.<br>310 FLEMING STREET<br>ROOM 29<br>KEY WEST FL 33040 | 81 Name <b>Suzanne Hutton</b><br>82 Street Address (P.O. Box Number is Not Acceptable) <b>502 Whitehead St.</b><br>83 <b>Court House Annex, 3RD FLOOR</b><br>84 City <b>Key West</b> FL 85 Zip Code <b>33040</b> |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SPIEGEL, HERBERT                             | 1.2 NAME  | <b>Wheeler, Alexa</b>  |
| STREET ADDRESS             | P O BOX 527 NA                               | 1.3 STREET ADDRESS                                    | <b>85960 Overseas Highway</b>  |
| CITY-ST-ZIP                | ISLAMORADA FL 33036                          | 1.4 CITY-ST-ZIP                                       | <b>Islamorada FL 33036</b>   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MARR, SCOTT                                  | 2.2 NAME  | <b>Lewis, Sally</b>  |
| STREET ADDRESS             | 527 CARIBBEAN DR                             | 2.3 STREET ADDRESS                                    | <b>210 401 Sourn St.</b>   |
| CITY-ST-ZIP                | KEY LARGO FL 33037                           | 2.4 CITY-ST-ZIP                                       | <b>Key West, FL 33040</b>  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 3.1 TITLE   | BV <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME                       | FREEMAN, SHIRLEY                             | 3.2 NAME  | <b>TAPOROWSKI, Vince</b>   |
| STREET ADDRESS             | 310 FLEMING ST                               | 3.3 STREET ADDRESS                                    | <b>1014 West Shore Dr</b>  |
| CITY-ST-ZIP                | KEY WEST FL 33040                            | 3.4 CITY-ST-ZIP                                       | <b>Big Pine Key FL 33043</b>   |
| TITLE                      | T <input type="checkbox"/> DELETE            | 4.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PADRON, ROBERT                               | 4.2 NAME  | <b>Wickers, William</b>  |
| STREET ADDRESS             | 1626 SOUTH ST                                | 4.3 STREET ADDRESS                                    | <b>161 Key Haven Rd</b>  |
| CITY-ST-ZIP                | KEY WEST FL                                  | 4.4 CITY-ST-ZIP                                       | <b>Key West, FL 33040</b>  |
| TITLE                      | P <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | INGRAM, MICHAEL                              | 5.2 NAME  |  |
| STREET ADDRESS             | 1118 FLEMING ST.                             | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | KEY WEST FL                                  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | TEALL, RUSSELL                               | 6.2 NAME  |  |
| STREET ADDRESS             | 111 SAGUARO LANE                             | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MARATHON FL                                  | 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 10 Feb 1999 DAYTIME PHONE # \_\_\_\_\_

CR2E037 (11/98)