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Jun 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthorn  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *19500000158*  
1. Corporation Name  
*Old Firehouse Preservation Inc.*

Principal Place of Business Mailing Address  
*Firehouse #3 Grinnell St Key West FL* *PO Box 5563 Key West, FL 33041*

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

3. Date Incorporated or Qualified *April 4, 1995* 3a. Date of Last Report *1996*  
4. FEI Number *65-0621842* Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
*Fowler, White, Burnett  
100 S.E. 2nd St  
Miami, FL 33131*

10. Name and Address of New Registered Agent  
81 Name *Rose A Chibbaro*  
82 Street Address (P.O. Box Number is Not Acceptable) *1221 First St*  
83  
84 City *Key West, FL* 85 Zip Code *33040*

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 *Rose A. Chibbaro CPA* DATE *April 29, 1997*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<i>President</i>	<input type="checkbox"/> DELETE
NAME	<i>Alex Vega (D)</i>	
STREET ADDRESS	<i>2418 Magler Ave</i>	
CITY-ST-ZIP	<i>Key West FL 33040</i>	
TITLE	<i>Vice President</i>	<input type="checkbox"/> DELETE
NAME	<i>Tim Fahay (D)</i>	
STREET ADDRESS	<i>2713 Harris Ave</i>	
CITY-ST-ZIP	<i>Key West FL 33040</i>	
TITLE	<i>Treasurer</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Rose Dadez (D)</i>	
STREET ADDRESS	<i>1500 Atlantic Beach Club</i>	
CITY-ST-ZIP	<i>Key West FL 33040</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Treasurer Rose A Chibbaro (D)</i>
3.3 STREET ADDRESS	<i>1221 First St</i>
3.4 CITY-ST-ZIP	<i>Key West, FL 33040</i>
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	

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*\*\*\*61.25*

14. I do 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: *Rose A Chibbaro* *Rose A Chibbaro 4/29/97 304-294-7588*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)