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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001558

1. Corporation Name
OLD FIRE HOUSE PRESERVATION, INC.

Principal Place of Business FIREHOUSE #3 GRINNEL ST. KEY WEST FL US	Mailing Address P.O. BOX 5563 KEY WEST FL 33041 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/04/1995
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0621842
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
26	27	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CHIBBARO, ROSE
1221 FIRST ST.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 87 Bay Drive	
84 City	FL

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 Rose A Chibbaro DATE 2/12/99

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VEGA, ALEX	
STREET ADDRESS	2418 FLAGLER	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FAHEY, TIM	
STREET ADDRESS	2713 HARRIS AVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHIBBARO, ROSE	
STREET ADDRESS	1221 FIRST ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WROLLY, MOLLY	
STREET ADDRESS	1512 ASHBY	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGLEY, WRIGHT	
STREET ADDRESS	821 GEORGIA	
CITY-ST-ZIP	KEY WEST FL	
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	
3.3 STREET ADDRESS	87 Bay Drive
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	SD
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	VPD
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, with all other like empowered.

SIGNATURE: Rose A Chibbaro Rose A Chibbaro DATE 2/12/99 305-2947586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)