

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 27 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P93000060667 (1)**
1. Corporation Name
533 DUVAL STREET ASSOCIATION, INC.

Principal Place of Business Mailing Address
**533 DUVAL STREET
KEY WEST FL 33040
US** **533 DUVAL STREET
KEY WEST FL 33040
US**

3. Date incorporated or Qualified **08/30/1993** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0446248** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. This corporation has liability for a net worth tax under S. 199.032, Florida Statutes Yes No

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

8. Name and Address of Current Registered Agent
**FINE, ROBERTA S ESQ
201 FRONT ST
TRUMAN ANNEX BLDG 21 SUITE 104
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when necessary) DATE: _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------------|
| TITLE | D |
| NAME | GREENBERG, JUDITH |
| STREET ADDRESS | 3742 EAGLE AVE |
| CITY, ST, ZIP | KEY WEST FL 33040 |
| TITLE | P |
| NAME | TESHOUVA, BENNY |
| STREET ADDRESS | 3930 S. ROOSEVELT BOULEVARD |
| CITY, ST, ZIP | KEY WEST FL |
| TITLE | VP |
| NAME | ABADY, JACOB |
| STREET ADDRESS | 3314 NORTHSIDE DRIVE |
| CITY, ST, ZIP | KEY WEST FL |
| TITLE | S |
| NAME | TESHOUVA, RONEN |
| STREET ADDRESS | 608 TRUMAN AVENUE |
| CITY, ST, ZIP | KEY WEST FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. But 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, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR