

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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: 533 DUVAL STREET, KEY WEST FL 33040, US  
Mailing Address: 533 DUVAL STREET, KEY WEST FL 33040, US

3. Date incorporated or Qualified: 08/30/1993  
3a. Date of Last Report: 04/27/1995  
4. FEI Number: 65-0446248  
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

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

9. Name and Address of Current Registered Agent  
FINE, ROBERTA S ESO  
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  
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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NONE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENBERG, JUDITH	
STREET ADDRESS	3742 EAGLE AVE	
CITY - ST - ZIP	KEY WEST FL 33040	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TESHOVA, BENNY	
STREET ADDRESS	3930 S. ROOSEVELT BOULEVARD	
CITY - ST - ZIP	KEY WEST FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ABADY, JACOB	
STREET ADDRESS	3314 NORTHSIDE DRIVE	
CITY - ST - ZIP	KEY WEST FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TESHOVA, RONEN	
STREET ADDRESS	606 TRUMAN AVENUE	
CITY - ST - ZIP	KEY WEST FL	
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

11 TITLE	P, VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ELKOBI, YAAKOV	
13 STREET ADDRESS	3333 DUCK AVE APT H-103	
14 CITY - ST - ZIP	KEY WEST FL 33040	
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)(k), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph P. Kay* 8/6/96 305 734-1049  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)