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**Apr 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000067493 (3)

1. Corporation Name
THE TAX MAN OF KEY WEST, INC.



Principal Place of Business: 1601 BELVEDERE RD #213 SO WEST PALM BEACH FL 33406
Mailing Address: 1601 BELVEDERE RD #213 SO WEST PALM BEACH FL 33406-1541

3. Date Incorporated or Qualified: 08/31/1995
3a. Date of Last Report: 04/23/1996
4. FEI Number: 65-0603588
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. 1007-B TRUMAN AV
22. Key West FL
23. 33040
24. Monroe
25. 33406
26. 1601 Belvedere Rd
27. Suite #103-SO
28. West Palm Beach FL
29. 33406
30. Palm Beach

9. Name and Address of Current Registered Agent: FISCHER, JAY B, 1601 BELVEDERE RD #103-SO, WEST PALM BEACH FL 33406
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: FISCHER, JAY B STREET ADDRESS: 1601 BELVEDERE RD #213 SO CITY-ST-ZIP: WEST PALM BEACH FL 33406	<input type="checkbox"/> DELETE	1.1 TITLE: DIR 1.2 NAME: FISCHER, JAY B 1.3 STREET ADDRESS: 1601 Belvedere Rd #103 So 1.4 CITY-ST-ZIP: WEST Palm Beach FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	2.1 TITLE: DIR 2.2 NAME: AN/COWITT, HOWARD I. 2.3 STREET ADDRESS: 1601 Belvedere Rd #103 So 2.4 CITY-ST-ZIP: West Palm Beach FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	3.1 TITLE: PRES + DIR 3.2 NAME: EVANS, ANNETTE 3.3 STREET ADDRESS: 1007-B TRUMAN AV. 3.4 CITY-ST-ZIP: Key West, FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Annette S. Evans* Date: 4/1/97 Daytime Phone #: 305/246-2253

CR2E034 (9/96)