

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S12667** (9)

1. Corporation Name

IN TOUCH OF KEY WEST, INC.



Principal Place of Business

715 DUVAL STREET
KEY WEST FL 33040

Mailing Address

715 DUVAL STREET
KEY WEST FL 33040

2. Principal Place of Business

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2a. Mailing Address

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3. Date Incorporated or Qualified
11/14/1990

3a. Date of Last Report
03/16/1995

4. FEI Number
65-0229433

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

g. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
502 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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 607.0702 and 607.1503, 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 607.0705, Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the Agent for Filing

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLAPPER, JULES	
STREET ADDRESS	715 DUVAL STREET	
CITY-STATE-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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48 CITY-STATE-ZIP	
49 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
50 NAME	
51 STREET ADDRESS	
52 CITY-STATE-ZIP	
53 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
54 NAME	
55 STREET ADDRESS	
56 CITY-STATE-ZIP	
57 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
58 NAME	
59 STREET ADDRESS	
60 CITY-STATE-ZIP	

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***200.00

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 reporter 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 attached sheet with an address.

SIGNATURE: *Jules Klapper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96 305292 7293
SG 3-30-96

CR2E034 (12/95)