

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 26 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N9200000074 (6)**

1. Corporation Name
3406 NORTH ROOSEVELT BOULEVARD CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3406 WEST ROOSEVELT BOULEVARD SUITE 201 KEY WEST FL 33040 US

3. Date Incorporated or Qualified **10/30/1992** 3a. Date of Last Report **08/23/1994**

4. FEI Number **65-0368637** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible 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 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**HUTTON, SUZANNE A.
310 FLEMING STREET
ROOM 29
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 signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CT
NAME	FEINER, SAMUEL C
STREET ADDRESS	211 4TH STREET
CITY-ST-ZIP	KEY COLONY BEACH FL 33051
TITLE	D
NAME	MARR, SCOTT
STREET ADDRESS	527 CARIBBEAN BLVD
CITY-ST-ZIP	KEY LARGO FL
TITLE	D
NAME	FREEMAN, SHIRLEY
STREET ADDRESS	310 FLEMING ST.
CITY-ST-ZIP	KEY WEST FL
TITLE	VC
NAME	GREENE, TIM
STREET ADDRESS	KEY PLAZA SHOPPING CENTER
CITY-ST-ZIP	KEY WEST FL
TITLE	T
NAME	MCCOY, MERILJ
STREET ADDRESS	2319 NORTH ROSSEVELT BOULEVARD
CITY-ST-ZIP	KEY WEST FL
TITLE	D
NAME	FLEISHER, CHRISTIAN
STREET ADDRESS	23400 OVERSEAS HWY.
CITY-ST-ZIP	ISLAMORADA FL

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	FREEMAN, SHIRLEY
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TREASURER
5.3 STREET ADDRESS	FNORAN, MICHAEL
5.4 CITY-ST-ZIP	1118 FLEMING ST KEY WEST, FL 33040
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	SPIEGEL, Herbert
6.4 CITY-ST-ZIP	23400 OVERSEAS HWY ISLAMORADA, FL 33086

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 110.07(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; that I am an officer or director of the corporation or the member or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition form, with an asterisk.

SIGNATURE: *Samuel C Feiner* 1/14/95 305-269-1212
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

D
12. Pais, Joseph G.
3501 South Roosevelt Boulevard
Key West, FL 33040

D
Taporowski, Vince
MM 28.5 Overseas Highway
Little Torch Key, FL 33043

D
Wickers, William
161 Key Haven Road
Key West, FL 33040