

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N92000000074 (6)

1. Corporation Name

3406 NORTH ROOSEVELT BOULEVARD CORPORATION



Principal Place of Business: 3406 WEST ROOSEVELT BOULEVARD SUITE 201 KEY WEST FL 33040 US
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 01/26/1995
4. FEI Number 65-0368637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINER, SAMUEL C	1.2 NAME	WICKERS, Bill
STREET ADDRESS	211 4TH STREET	1.3 STREET ADDRESS	161 Key Haven Rd.
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	1.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARR, SCOTT	2.2 NAME	TAPOROWSKI, VINCENT
STREET ADDRESS	527 CARIBBEAN BLVD	2.3 STREET ADDRESS	RT 4, BOX 1038
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	Big Pine Key FL 33043
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, SHIRLEY	3.2 NAME	LEWIS, SALLY
STREET ADDRESS	310 FLEMING ST.	3.3 STREET ADDRESS	401 SOUTH ST
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VC	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, TIM	4.2 NAME	D.
STREET ADDRESS	KEY PLAZA SHOPPING CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, MICHAEL	5.2 NAME	P
STREET ADDRESS	1118 FLEMING ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPIEGEL, HERBERT	6.2 NAME	PUTO, MICHAEL
STREET ADDRESS	MM82 OVERSEAS HWY	6.3 STREET ADDRESS	700 89th St
CITY-ST-ZIP	ISLAMORADA FL	6.4 CITY-ST-ZIP	MARATHON, FL 33050

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 in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Michael P. Ingram MICHAEL P. INGRAM 19 Jan 1996 2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)