


FILE NOW: FILING FEE IS \$61.25

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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0368637	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WICKERS, BILL		1.2 NAME Herbert Spiegel	
STREET ADDRESS 161 KEY HAVEN RD.		1.3 STREET ADDRESS Po Box 521 NA	
CITY-ST-ZIP KEY WEST FL		1.4 CITY-ST-ZIP Islamorada FL 33036	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TAPOROWSKI, VINCENT		2.2 NAME SCOTT MAER	
STREET ADDRESS RT. 4, BOX 1038		2.3 STREET ADDRESS 521 Caribbean Dr.	
CITY-ST-ZIP BIG PINE KEY FL		2.4 CITY-ST-ZIP Key Largo, FL 33037	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEWIS, SALLY		3.2 NAME Shirley Freeman	
STREET ADDRESS 401 SOUTH ST.		3.3 STREET ADDRESS 310 Fleming St.	
CITY-ST-ZIP KEY WEST FL		3.4 CITY-ST-ZIP Key West FL 33040	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PADRON, ROBERT		4.2 NAME	
STREET ADDRESS 1626 SOUTH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP KEY WEST FL		4.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME INGRAM, MICHAEL		5.2 NAME	
STREET ADDRESS 1118 FLEMING ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP KEY WEST FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEALL, RUSSELL		6.2 NAME	
STREET ADDRESS 111 SAGUARO LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP MARATHON FL		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael B Ingram MICHAEL B INGRAM 1-5-98

CR2E037 (10/97)