## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED PROFIT** Apr 01 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J16657 (5)THE REAL ESTATE COMPANY OF KEY WEST, INC. Principal Place of Business Mailing Address 701 SIMONTON STREET 701 SIMONTON STREET KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/29/1986</u> 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2679240 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Ζıρ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name BLUM, JAMES A 701 SIMONTON STREET Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 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 Signature, typod or printed name of registered agmit and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change \_\_\_ Addition 1.1 TITLE TITLE BLUM, JAMES A 1.2 NAME NAME 701 SIMONTON STREET STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 1.4 CITY - ST- ZIP Change Addition VD DELETE TITLE 2.1 TITLE BLUM, JAMES A. NAME 2.2 NAME **ZO1 SIMONTON STREET** 2.3 STREET ADDRESS key west fl 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

Block 12 or Block 13 if changed, or on arg allachment with an address. 3/26/00

**6.3 STREET ADDRESS** 

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 607, Florida Statutes; and that my name appears in

STREET ADORESS CITY-ST-ZIP