

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # **508254** (0)
 [REDACTED]
FELDMAN KOENIG + HIGHSMITH, P.A. 12-897

Principal Place of Business: **417 EATON ST. KEY WEST FL 33040**
 Mailing Address: **417 EATON ST. KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **08/02/1976**

2. Principal Place of Business: **1315 Whitehead Street**
 21. Suite, Apt. #, etc.
 22. City & State: **Key West, FL**
 23. Zip: **33040** Country: **USA**
 24. Mailing Address: **1315 Whitehead Street**
 26. Suite, Apt. #, etc.
 27. City & State: **Key West, FL**
 28. Zip: **33040** Country: **USA**
 29. 30.

4. FEI Number: **59-1693113**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
KOENIG, TIMOTHY J.
417 EATON ST.
KEY WEST FL 33040

10. Name and Address of New Registered Agent
 81. Name: **Koenig, Timothy J.**
 82. Street Address (P.O. Box Number is Not Acceptable): **1315 Whitehead Street**
 83.
 84. City: **Key West** FL 85. Zip Code: **33040**

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: **Timothy J. Koenig** DATE: **4-29-98**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	FELDMAN, ROBERT T.	
STREET ADDRESS	417 EATON ST.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	KOENIG, TIMOTHY J	
STREET ADDRESS	417 EATON ST.	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100002534451
5.3 STREET ADDRESS	-05/26/98--01010--028
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 its receiver 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 attachment with an address.

SIGNATURE: **Timothy J. Koenig** DATE: **4-29-98** (200)2045 8851

CR2E034 (10/97)