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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N92000000074**

1. Corporation Name  
**3406 NORTH ROOSEVELT BOULEVARD CORPORATION**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1201 White St Suite/Apt. #, etc. 102 City & State Key West, FL Zip 33040 Country USA	26 1201 White St. Suite/Apt. #, etc. 102 City & State Key West, FL Zip 33040-3308 Country USA	10/30/1992
4. FEI Number	Applied For	
65-0368637	Not Applicable	
5. Certificate of Status Desired	Fee Required	
<input type="checkbox"/>	\$8.75	
6. Election Campaign Financing Trust Fund Contribution	May Be Added to Fees	
<input type="checkbox"/>	\$5.00	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUTTON, SUZANNE A. 310 FLEMING STREET ROOM 29 KEY WEST FL 33040	81 Name Suzanne Hutton 82 Street Address (P.O. Box Number is Not Acceptable) 502 Whitehead St. 83 Court House Annex, 3RD FLOOR 84 City Key West FL 85 Zip Code 33040

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, HERBERT	1.2 NAME	Wheeler, Alexa
STREET ADDRESS	P O BOX 527 NA	1.3 STREET ADDRESS	8596 Overseas Highway
CITY-ST-ZIP	ISLAMORADA FL 33036	1.4 CITY-ST-ZIP	Islamorada FL 33036
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARR, SCOTT	2.2 NAME	Lewis, Sally
STREET ADDRESS	527 CARIBBEAN DR	2.3 STREET ADDRESS	210 401 Sourn St.
CITY-ST-ZIP	KEY LARGO FL 33037	2.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, SHIRLEY	3.2 NAME	TAPOROWSKI, VINCE
STREET ADDRESS	310 FLEMING ST	3.3 STREET ADDRESS	1014 West Shore Dr
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	Big Pine Key FL 33043
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADRON, ROBERT	4.2 NAME	Wickers, William
STREET ADDRESS	1626 SOUTH ST	4.3 STREET ADDRESS	161 Key Haven Rd
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	Key West, FL 33040
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, with all other like empowered.

SIGNATURE: MARSHALL J. REYNOLDS 10 Feb 1999  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)