SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:58

DOCUMENT # 592720 (7)

1. Corporation Name

KEY WEST TOWERS, INC.

Principal Place of Business: ~~3314 NORTHSIDE DRIVE OFFICE~~ KEY WEST FL 33040

Mailing Address: ~~3314 NORTHSIDE DRIVE OFFICE~~ KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 805 Peacock Plaza	26 805 Peacock Plaza
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Key West, FL	City & State 28 Key West, FL
Zip 24 33040 Country 25 USA	Zip 29 33040 Country 30 USA

3. Date Incorporated or Qualified: 11/08/1978
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-1871817 — 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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EID, RICHARD O
3439 RIVIERA DR
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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES	
TITLE	STD	1 TITLE	☒ Change ☐ Addition
NAME	EID, RICHARD O	1 NAME	
STREET ADDRESS	3439 RIVIERA DR	1 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 00000	1 CITY-ST-ZIP	Key West, FL 33040
TITLE	VD	2 TITLE	☒ Change ☐ Addition
NAME	EID, ANN H	2 NAME	
STREET ADDRESS	3439 RIVIERA DR	2 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 00000	2 CITY-ST-ZIP	Key West, FL 33040
TITLE	PD	3 TITLE	☒ Change ☐ Addition
NAME	EID, STEVEN A	3 NAME	
STREET ADDRESS	3314 NORTHSIDE DRIVE	3 STREET ADDRESS	805 Peacock Plaza
CITY-ST-ZIP	KEY WEST, FL 00000	3 CITY-ST-ZIP	Key West, FL 33040
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

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)(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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steve Eid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)