## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	SONI DE				1			
DOCUN L. Corporation	MENT #	K06319	(3)						
•	-	ASSOCIATES, IN	3.						
Principal Place	of Business		Mailing Address						
209 DUVAL ST. Key West fl 33040			209 DUVAL ST. KEY WEST FL 33040						
						3. Date Incorporated or Qualific		of Last Re )2/22/1	
, Principal Pla	ice of Business	26	a. Mailing Address			4. FEI Number 65-0023931		1	Applied For
LSuite, Apt. #	r, etc.	20	Suite, Apt. #, etc.						Not Applicable Additional
l <u> </u>		27	<u> </u>		····	5. Certificate of Status Desired		•	Required
City & State		28	City & State			6. Election Campaign Financing	· 🗆		May Be
<u> </u> Zір	Co.	untry	Zip	Coun	try	Trust Fund Contribution  8. This corporation has liability			100 Fees
]	25	29		30			Yes No	Cultura	193.002,
	9. Name and Ad	Idress of Current Reg	istered Agent		31 Name	10. Name and Address of Ne	w Registered A	gent	
HAI PE	RN MICHAEL			L					
HALPERN, MICHAEL 209 DUVAL STREET			82 Stre		32 Street Add	dress (P.O. Box Number is Not Accep	otable)		
KEY W	EST FL 33040			Ē	33				
				ءَ ا	34 City			85 Zig	Code
								100	
Pursuant to or registere familiar with	o the provisions of S ad agent, or both, in a, and accept the ob	ections 607.0502 and the State of Florida. Subligations of, Section 60	607.1508, Florida Statute ch change was authoriz 7.0505, Florida Statutes	es, the above	17	oration submits this statement for the ard of directors. I hereby accept the a	purpose of char appointment as r	nging its re egistered	egistered offic agent. I am
GNATURES	, and accept the ot	ections 607.0502 and it the State of Florida. Su bligations of, Section 60 ame of registered agent and life OFFICERS AND DIRE	7.0505, Fiorida Statutes řapplicable (NO	es, the above ed by the co	17	od wher reins aling)	purpose of char appointment as r		
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #