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Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K72026

(3)

1. Corporation Name

MOSELEY-KEY WEST, INC.



Principal Place of Business

524 ROSE LN
KEY WEST FL 33040

Mailing Address

524 ROSE LN
KEY WEST FL 33040-6810

2. Principal Place of Business

21 3707 Flagler Avenue

Suite, Apt. #, etc.

22

City & State

23 Key West, FL

Zip

24 33040

Country

25 U.S.A.

2a. Mailing Address

26 3707 Flagler Avenue

Suite, Apt. #, etc.

27

City & State

28 Key West, FL

Zip

29 33040

Country

30 U.S.A.

3. Date Incorporated or Qualified

03/10/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0107135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MOSELEY, JAMES
524 ROSE LANE
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81

Name Moseley, James

82

Street Address (P.O. Box Number is Not Acceptable)
3707 Flagler Avenue

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 James Moseley

3-11-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MOSELEY, JAMES
STREET ADDRESS 524 ROSE LANE
CITY-ST-ZIP KEY WEST FL
☒ DELETE

TITLE S
NAME VOLKMAN, JEROME
STREET ADDRESS 60 E 42 ST
CITY-ST-ZIP NEW YORK NY
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Moseley, James
1.3 STREET ADDRESS 3707 Flagler Avenue
1.4 CITY-ST-ZIP Key West, FL 33040
☒ Change ☐ Addition

2.1 TITLE P
2.2 NAME Volkman, Jerome
2.3 STREET ADDRESS 60 East 42 Street
2.4 CITY-ST-ZIP New York, NY 10165-1748
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerome Volkman*
Jerome Volkman, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-97

Date

21/986 86-54

Daytime Phone #

0139559

CR2E034 (9/96)