## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

MOSELEY-KEY WEST, INC.

## **FILED** Apr 27 1998 8:00am Secretary of State



Principal Place	of Business	Mailing A	Mailing Address				A sandans ort saata tihir dasid tildid brid ordit ordit ordit ordit of bit dibit (004				
3707 FLAGLE			LAGLER AVE								
KEY WEST FL 33040			KEY WEST FL 33040				DO NOT WRITE IN THIS SPACE				
US		US	US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
							03/10/1989				
2. Principal Pla	ace of Business	2a Mailin	2a. Mailing Address				4, FEI Number		1 1	onlind For	
21	0.000	26					65-0107135			pplied For ot Applicable	
Suite, Apt. #, etc.		. +	Suite, Apt. #. etc.				¢0.75				
22		<u>-</u>	27				5. Certificate of Status Desired			equired	
City & State			City & State				6. Election Campaign Financing	<del></del>		<del></del>	
23		— ´	28					lection Campaign Financing \$5.00 May Be rust Fund Contribution Added to Fees			
Zip	Country	Z(p	·				8. This corporation owes or has paid				
24	25	29		30			Personal Property Tax due June 3	the same of		K) No	
	9. Name and Address of Curre		Agent	1001			10. Name and Address of New Regi			<u>-</u>	
MC	OSELEY, JAMES				81	Name					
	07 FLAGLER AVE.		82			0	(0.0.5 M				
	Y WEST FL 33040		8			Street Addre	ddress (P.O. Box Number is Not Acceptable)				
134	1 11201 12 00040				83						
					84	City		FL	85 Zip	Code	
11. Pursuant to	the provisions of Sections 607 050	12 and 607 1508	8 Florida Statu	tes the at	- t	-named corno	oration submits this statement for the pur	0000 01 0	hanging i	te registered	
office or re	<b>gistered agent, or both, in the State</b>	of Florida, Suc	h change was	authorized	yd b	the corporation	on's board of directors. I hereby accept	the appoin	ntment as	registered	
agenit i am iamiliar with, and accept the onligations of, Section 607.0505, Florida Statutes.											
SIGNATURE _	Igneture, typed or printed name of registered ag	ent and title if anolical	ble #NO	F: Bogistered	LAnor	nt signature require	d when reinstating)	DATE			
12.		ID DIRECTORS	- 1	13.		in algitalate require	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12	
TITLE	D		DELETE	1.1 1(1	LE				Change	Addition	
NAME	MOSELEY, JAMES			12 NA	ME			_	_		
STREET ADDRESS	3707 FLAGLER AVE.		1.3 STREET ADDRES			ADDRESS					
CITY-ST-ZIP	KEY WEST FL		1.4 0								
TITLE	*P		DELETÉ	2.1 Til		- 211			Change	Addition	
NAME	VOLKMAN, JEROME			2.2 NA				_			
STREET ADDRESS	60 EAST 42ND ST					ADDRESS				į	
CITY-ST-ZIP	NEW YORK NY 48			2. 4 CI						]	
TITLE			DELETE	3.1 TIT		1-211			Change	Addition	
NAME				3.2 NA				_	_		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3.4. Ci							
TITLE			DELETE	4.1 1)1					Change	Addition	
NAME				4. 2 N/		İ		-	•		
STREET ADDRESS						ADDRESS				į	
CITY-ST-ZIP				4.4 CIT							
TITLE			DELETE	5.1 3(1					Change	Addition	
NAME				5.2 NA					-		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5.4 CIT							
TITLE			☐ DELETE	6.1 TIT		<del>-</del> "			Change	Addition	
NAME				6.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6.4 CIT							
	etific that the information cumulind u	CALL ALICE A COLO MA					Cartion 110 07/2\(\text{ii}\) Florida Statutos   fac			<del>, ,</del>	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed por on an attachment with an address.