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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K99171 (6)

1. Corporation Name

KEY WEST GIFT SHOPS, INC.

Principal Place of Business

**402 DUVAL ST.
KEY WEST FL 33040**

Mailing Address

**402 DUVAL ST.
KEY WEST FL 33040**



3. Date Incorporated or Qualified

06/29/1989

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, ZADOK
402 DUVAL ST.
KEY WEST FL 33040**

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

(Signature of Registered Agent or Secretary, whichever is applicable)

(If C.E. Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **DP BARAZANY, EYAL**

12 NAME

STREET ADDRESS **402 DUVAL ST.**

13 STREET ADDRESS

CITY-STATE-ZIP **KEY WEST FL**

14 CITY-STATE-ZIP

1. TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **DVP COHEN, ZADOK**

22 NAME

STREET ADDRESS **402 DUVAL ST.**

23 STREET ADDRESS

CITY-STATE-ZIP **KEY WEST FL**

24 CITY-STATE-ZIP

1. TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-STATE-ZIP

34 CITY-STATE-ZIP

1. TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-STATE-ZIP

44 CITY-STATE-ZIP

1. TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-STATE-ZIP

54 CITY-STATE-ZIP

1. TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-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)(k), 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: *Zadok Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zadok Cohen

2/1/96

(305) 296-0702

CR2E034 (12/95)