FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L02588** **(6)**

1. Corporation Name

SHIPYARD ASSOCIATES OF KEY WEST, INC.

Principal Place of Business	Mailing Address
201 FRONT STREET KEY WEST FL 33040	P.O. BOX 4132 KEY WEST FL 33040

2. Principal Place of Business	2a. Mailing Address
21 **6450 E. Jr. College Rd.**	26 **PO Box 5886**
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: **Key West, FL 33040**	28 City & State: **Key West, FL 33041**
24 Zip	29 Zip
25 Country: **USA**	30 Country: **USA**

3. Date Incorporated or Qualified: **07/18/1989**

3a. Date of Last Report: **11/06/1995**

4. FEI Number: **65-0138225** ☐ 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

ALLISON, JOHN, ESQ.
100 SE SECOND STREET
SUITE 3350
MIAMI FL 33131

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 TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~JOHNSTON, ANN E.~~ ~~201 FRONT ST SUITE 101~~ ~~KEY WEST FL 33040~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT A. ELAINE LONDON 6450 E JR. COLLEGE RD KEY WEST, FL 33040 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEWLAND, ELIZABETH ~~201 FRONT ST SUITE 101~~ ~~KEY WEST FL 33040~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP Newland, Elizabeth 6450 E. Jr. College Rd. Key West, FL 33040 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CREATH, JACQUELINE E. ~~201 FRONT ST SUITE 101~~ ~~KEY WEST FL 33040~~	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S Creath, Jacqueline E. 6450 E. Jr. College Rd. Key West, FL 33040 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 700001798367 -04/29/96--01038--027 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 Jacqueline E Creath Secretary 4/23/96 305-296-5601

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