


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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L95079 (4)					
1. Corporation Name STREET WISE OF KEY WEST, INC.					
Principal Place of Business 423 FRONT STREET 209 S ATLANTIC BLVD KEY WEST FL 33040 US			Mailing Address 2832 NE 21ST COURT 209 S ATLANTIC BLVD FT LAUDERDALE FL 33305 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 423 FRONT ST		08/14/1990	
22 Suite, Apt. #, etc.		27 2ND FL		4. FEI Number	
23 City & State		28 KEY WEST, FL		65-0211168	
24 Zip		29 33040		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 MONROE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PARISI, PETER P 2832 NE 21ST COURT FT LAUDERDALE FL 33305			B1 Name STEVEN LEVY 910 HGL		
			B2 Street Address (P.O. Box Number is Not Acceptable)		
			B3 915 MIDDLE RIVER DR # 309		
			B4 City FT. LAUDERDALE FL B5 Zip Code 33304		
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 Steve Levy (NOTE: Registered Agent signature required when reinstating) DATE 2/16/98					
12. OFFICERS AND DIRECTORS					
TITLE	PSD <input type="checkbox"/> DELETE				
NAME	ITTAH, CHARLES				
STREET ADDRESS	3702 DONALD AVENUE				
CITY-ST-ZIP	KEYWEST FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
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CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
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4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

14. 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, or on an attachment with an address.

SIGNATURE:

CP2E034 (10/97)