FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -1 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005258 (9)

1. Corporation Name
FLORIDA KEYS DEAF SERVICES, INC.

Principal Place of Business	Mailing Address
1405 PETRONIA STREET KEY WEST FL 33040	PO BOX 6501 KEY WEST FL 33041-6501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1993
3a. Date of Last Report: 07/22/1994
4. FEI Number: 65-0436184 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

FREEDMAN, MAURENE
1405 PETRONIA STREET
KEY WEST FL 33040

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P,D FREEDMAN, M AURENE 1405 PETRONIA ST. KEY WEST FL 33040	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP,D MULVANEY, WILLIAM 3312 NORTHSIDE DR., #208 KEY WEST FL 33040	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~S~~D SCHUFFMAN, JAN 1006 VON PHISPER #1 KEY WEST FL 33040	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	200001473562 -05/03/95--01108-021 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T ~~MIDDETTE, KEVIN~~ ~~6 BLUE WATER DR.~~ ~~KEY WEST FL~~	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	T,D Brancucci, Joseph 1515 Patricia St Key West, FLA 33040 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SCHORZAFAVE, GREG 2600 PATTERSON AVE. KEY WEST FL 33040	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	TAW 5-1-95 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~D~~ ~~TENUTO, MARY~~ ~~1000 10TH TERR.~~ ~~KEY WEST FL~~	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	D,S Steve Aver 2527 Saidenberg Ave Key West, Fla 33040 ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: J Brancucci 5/31/95 305 293 6023
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
JOSEPH BRANCUCCI

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