

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000053586 (2)

1. Corporation Name:

COCO KEY PROPERTIES, INC.

APPROVED
AND
FILED

95 MAY -1 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Previous Place of Business:

12359 SW 249 ST
MIAMI FL 33032

Mailing Address:

12359 SW 249 ST
MIAMI FL 33032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/30/1993**
3a. Date of Last Report: **05/01/1994**

2. Previous Place of Business: 2a. Mailing Address:

21. State Apt. # etc.: 26. State Apt. # etc.:

22. City & State: 27. City & State:

23. County: 28. County:

24. City: 25. City: 29. City: 30. City:

4. FEI Number: **65-0433041**
Applied For: 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. This corporation is eligible for registration under § 190.002, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CHOOS, S. SCOTT
15600 SW 288 ST
SUITE 312
HOMESTEAD FL 33033**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 a resident of the State of Florida.

SIGNATURE:

(Signature of Current Registered Agent) (Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP
PD ZAWISLAK, EDWARD W	12359 SW 249 ST MIAMI FL 33032			
STD ZAWISLAK, DIANE C	12359 SW 249 ST MIAMI FL 33032			
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

1. NAME	2. STREET ADDRESS	3. CITY	4. STATE	5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	7. STREET ADDRESS	8. CITY	9. STATE	10. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	12. STREET ADDRESS	13. CITY	14. STATE	15. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	17. STREET ADDRESS	18. CITY	19. STATE	20. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME	22. STREET ADDRESS	23. CITY	24. STATE	25. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	27. STREET ADDRESS	28. CITY	29. STATE	30. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.002, Florida Statutes. I further certify that the information reported on the annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made on the oath that I am an officer or director of this corporation or the receiver or trustee empowered to make this report as required by Chapter 407, Florida Statutes, and that my name appears on the list of officers or directors of an other firm with an address.

SIGNATURE: *Edward W. Zawislak, Pres.*
EDWARD W. ZAWISLAK, PRES.
EDWARD W. ZAWISLAK, PRES.

4/25/95 305-258-0680