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

PROFIT CORPORATION ANNUAL REPORT



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

•	• •	-	•		•	
			1	Q	a	A

P93000053586 (2) **DOCUMENT #**

COCO KEY PROPERTIES, INC.

Principal Place of Business 12359 SW 249 ST

Mailing Address

12359 SW 249 ST



MIAMI FL 33032			MIAMI FL 33032								
								3. Date Incorporated or Qualified 07/30/1993	1	of Last R 05/01/1	. ,
2. Principal	Place of Busines	s	2a. 1	Mailing Address		-		4. FEI Number			Applied For
21			26					65-0433041			Not Applicable
Suite, Ap	Suite, Apt. #, etc.		27	Suite Apt. #, etc		5. Certificate of Status Desired			Additional Required		
City & State				City & State				6. Election Campaign Financing		\$5.0	0 May Be
23			28					Trust Fund Contribution		Adde	d to Fées
Zip		Country	- 2	Δ φ	Counti	ry		8. This corporation has liability for i		x under s	199.032
24	2		[29]		[30]				□ No		
	9. Name a	nd Address of Curre	nt Registe	red Agent		3 T	Ninera	10. Name and Address of New R	legistered	Agent	
		_			В	1	Name				ļ
	CHOOS, S. SCOTT				8	82 Street Address (P.O. Box Number is Not Acceptable)					
15600 SW 288 ST											
	TE 312				В	3					
HOM	MESTEAD FL 3	3033			8	4	City		P-1	85 Z	o Code
44.6				tavangerieri gerinter	<u></u>				FL		
or regis	stered agent, or be	is of Sections 607.050 oth, in the Stute of Flor the abligations of, Sec	ida Such d	thango was authorize	s, the above ad by the cor	tho i-us	amed corpora ration's boar	ition submits this statement for the purit of directors. Thereby accept the appe	pose of cha pintment as	anging its r registered	eg-stered office Lagent Lam
	•	proted farms of may developed a per			lE Flay decod A:)+ · · · ·	Signature require	where constanting	DÁIL		
12.		OFFICERS AN	O DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TILE	PD			☐ DELETE	1 1111	E			[_) Change	☐ Addit on
NAME	ZAWISI	AK, EDWARD W			1.2 NAMI	E					
STREET ADDRES		SW 249 ST			1.3 STRÉ	ET A	ADDRESS				
CITY-S* Z*P	MIAMI (FL 33032			14 017	- ST	- ZIP				
T-TLE	STD			DELFTE	2 1 11"L1]	Change	Addit-on
NAME	ZAWISI	AK, DIANE C			2.2 NAMI	E					
STREET ADDRES	is 12359 \$	SW 249 ST			23 STRE	£1.4	ADDRESS				
CITY-ST-ZiP	MAM	FL 33032			2.4 CIFY	·s	-7iP				٠
THILE				☐ DELETE	3 1 TI*L	E				Change	Addit on
NAME					3.2 NAMI	E					
STREET ADDRES	SS				33 SIRE	EFT.	ADDRESS				İ
C-TY-ST-Z:P					3.4 CITY	٠Ş٠	- 712				
TILE				DELETE	4 111,0	F.				Change	Addition
NAME					4.2 NAMI	E					
STREET ADDRES	SS				4.3 S1RL	ET A	ADDRESS				
CITY-ST-ZIP					44011	••••	ZIP				
1ITLE				DELETE	5 ! TI*LI	E			[Change	Addition
NAME					5.2 N4MI	E					
STREET ADDRES	SS				5.3 STRC	er #	ADDRESS				
CITY ST ZP					5.4 CITY		- 7IP				
TILLE				DELETE	6 ° TITLI				[Change	Addition
NAME					6.2 NAMI	E					
STREET ADDRES	SS				63 STRE	ET A	ADDRESS				
City-St-ZiP					64 017 y						
14. I do her	reby certify that the	ie information supplied	with this fil	ing is voluntarily furni:	shed and do	æs	not qualify fo	or the exemption stated in Section 119.	07(3)(k), Élo	rida Statul	es. I further

certify that the information indicated on this annual report or supplierental 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR