

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 # P93000080974 (7)

1. Corporation Name

HEAD OFFICE, INC.



Principal Place of Business

801 WHITEHEAD ST
KEY WEST FL 33040

Mailing Address

801 WHITEHEAD ST
KEY WEST FL 33040

2. Principal Place of Business

21 713 WHITEHEAD ST
State, Apt. #, etc.

22 City & State
23 KEY WEST, FL

24 Zip 33040 Country 25 MONROE

2a. Mailing Address

26 713 WHITEHEAD ST
State, Apt. #, etc.

27 City & State
28 KEY WEST FL

29 Zip 33040 Country 30 MONROE

3. Date Incorporated or Qualified
11/19/1993

3a. Date of Last Report
04/27/1995

4. FET Number
65-0455200

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

FISCHER, PETER K
240 PALM AVENUE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name FISCHER, PETER K.
82 Street Address (P.O. Box Number is Not Acceptable)
83 713 WHITEHEAD ST
84 City KEY WEST FL 85 Zip Code 33040

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 of Registered Agent or Director of Corporation)

(Name of Registered Agent or Director of Corporation)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE PRES NAME FISCHER, PETER K STREET ADDRESS 240 PALM AVENUE CITY-STATE-ZIP MIAMI BEACH FL 33139	1. 1. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-STATE-ZIP 713 WHITEHEAD ST. KEY WEST, FL. 33040
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14. I 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)(k), 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. 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:

Peter Fischer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Fischer

January 24/96

Daytime Phone: (305) 326-7914

CR2E034 (12/95)