

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TAMM H. ABRAHAM
Secretary of State
Tallahassee, Florida 32301

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 PM 2:02

DOCUMENT # P94000051059 (1)

**1. Corporation Name
FCR KEY WEST, INC.**

2. Principal Office Address
1 METRO TECH CENTER NORTH
BROOKLYN NY 11201

3. Mailing Office Address
1 METRO TECH CENTER NORTH
BROOKLYN NY 11201

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Reincorporation 07/11/1994	3a. Date of Last Report
4. FIC Number	☒ Approved 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 Section 196, Florida Statutes ☐ Yes ☐ No	

2. Director, President, or Chairman	2a. Mailing Address
21. State: April 1995	26. State: April 1995
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. Zip Code

FL

11. Pursuant to the provisions of Sections 196, 197, and 198, Florida Statutes, the above named corporation certifies the purpose of changing its registered office or registered agent, or both, in the State of Florida has been authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the responsibilities of, the Florida Statutes.

SIGNATURE
Signature of Registered Agent or Director: _____
Signature of New Registered Agent: _____

12. OFFICERS AND DIRECTORS

1. NAME PRESIDENT & CEO Bruce C. Ratner 1 Metrotech Center North Brooklyn NY 11201
2. NAME
3. NAME
4. NAME
5. NAME
6. NAME
7. NAME
8. NAME
9. NAME
10. NAME
11. NAME
12. NAME
13. NAME
14. NAME
15. NAME
16. NAME
17. NAME
18. NAME
19. NAME
20. NAME

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	☐ Change ☐ Addition
2. NAME	☐ Change ☐ Addition
3. NAME	☐ Change ☐ Addition
4. NAME	☐ Change ☐ Addition
5. NAME	☐ Change ☐ Addition
6. NAME	☐ Change ☐ Addition
7. NAME	☐ Change ☐ Addition
8. NAME	☐ Change ☐ Addition
9. NAME	☐ Change ☐ Addition
10. NAME	☐ Change ☐ Addition
11. NAME	☐ Change ☐ Addition
12. NAME	☐ Change ☐ Addition
13. NAME	☐ Change ☐ Addition
14. NAME	☐ Change ☐ Addition
15. NAME	☐ Change ☐ Addition
16. NAME	☐ Change ☐ Addition
17. NAME	☐ Change ☐ Addition
18. NAME	☐ Change ☐ Addition
19. NAME	☐ Change ☐ Addition
20. NAME	☐ Change ☐ Addition

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this report is substantially furnished and does not qualify for the exemption stated in Section 196.03, Florida Statutes. I further certify that the information included in 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 person or persons empowered to execute this report as required by Chapter 196, Florida Statutes, and that my name appears in Block 1 of Block 12 of this report as an attachment with an address.

SIGNATURE: *BC Ratner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR