FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000074515 (5)**

1. Corporation Name

MARKET OF KEY WEST, INC.

Principal Place of Business	Mailing Address
423 FRONT ST KEY WEST FL 33040	423 FRONT ST KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1994

3a. Date of Last Report:

2. Principal Place of Business
21: 105 WHITEHEAD
22: Suite, Apt. #, etc.
23: City & State: KEY WEST, Florida
24: Zip: 33040
25: County: MONROE

2a. Mailing Address: c/o P.P. Parisi, CPA/PA
26: 2832 N.E. 21ST COURT
27: Suite, Apt. #, etc.
28: City & State: FT. LAUDERDALE, Florida
29: Zip: 33305
30: County: BROWARD

4. FEI Number: 65-0553650 ☐ 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

D'JAMAL, SHLOMO
423 FRONT ST
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: PETER P. PARISI CPA PA
82 Street Address (P.O. Box Number is Not Acceptable): 2832 NE 21ST COURT
83:
84 City: FT. LAUDERDALE FL 85 Zip Code: 33305

11. Pursuant to the provisions of Sections 607.0202 and 607.1509, 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] PETER PARISI 4/3/95
(Typed or printed name of person signing) (New Registered Agent signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	11 TITLE	P/D	☒ Change ☐ Addition
NAME	D'JAMAL, SHLOMO	12 NAME		
STREET ADDRESS	423 FRONT ST	13 STREET ADDRESS		
CITY ST ZIP	KEY WEST FL 33040	14 CITY ST ZIP		
TITLE		21 TITLE	V/S/D	☐ Change ☒ Addition
NAME		22 NAME	ITAH, CHARLES	
STREET ADDRESS		23 STREET ADDRESS	3702 DONALD STREET	
CITY ST ZIP		24 CITY ST ZIP	KEY WEST, FLORIDA 33040	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I (We) 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Charles Itah 4/3/95 (305)294-1905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000074 CP