FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016616 (1)

RUPERT STREET MANAGEMENT CORP.

Principal Place of Business Mailing Address						I (S DI LODE SIE IDIO DINI DONI DOSI DUSI DUSI	ODLDU HIDID BIHID OF	101 LLGLA BIN 1891	
BI7 FRONT ST. KEY WEST FL 33040			617 FRONT ST. KEY WEST FL 33040-8620						
						3. Date incorporated or Qualified 02/28/1995	3a. Date of I		
	ace of Business	<u> </u>	2a. Mailing Address			4. FEI Number Applied For			
Sulte, Apt.	# oto	26 Suito An	- H. oto			65-0570278	60	Not Applicable	
22	#, O(C.	<u></u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional ee Required	
City & State	9		City & State			B. Election Campaign Financing \$5.00 May Be			
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Zip Country		Zip Countr			8. This corporation has liability for intengible tax under s. 199.032,			
24	25	29	3	<u>:0 </u>		Florida Statutes Yes No			
	9. Name and Address of C	urrent Registered Age	nt	81	Name	10. Name and Address of New Re	gistered Agent		
	SY, BOBBY			61	Manne				
	FRONT STREET		82		Street Add	Address (P.O. Box Number is Not Acceptable)			
KEY	WEST FL 33040			83					
				1					
				B4	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, F	lorida Statutos	, the above	e-named cor	poration submits this statement for the p	urpose of chan	ging its registered	
office or re	egistered agent, or both, in the m familiar with, and accept the i	State of Florida. Such c obligations of, Section €	hange was aut 307.0505, Florid	thorized by da Statuto:	/ the corpore s.	ition's board of directors. Thereby accep	t the appointme	ent as registered	
SIGNATURE		5						ļ	
	Signature, typed or printed name of register		(NOIL F		ent signature requ	irea when reinstating)	DATE	070001111	
12.	DPVS OFFICERS	S AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE		
TITLE NAME	BISBY, BOBBY	L.) ()LCC IC	1.1 HILE 1.2 NAME			L 01	larige [_] Addition	
STREET ADDRESS	617 FRONT ST.		1.3 STREET	ADDRESS					
CITY-ST-ZIP	KEY WEST FL 33040			1.4 CITY - S	1				
TITLE	1		DELETE	2.1 TITLE				hange	
NAME	BISBY, BOBBY			2.2 NAMI					
STREET ADDRESS	617 FRONT ST.			23 STREET	ADDRESS				
CITY-ST-ZIP	KEY WEST FL 33040			2 4 CHY-	S1 - ZIP				
TITLE			DELETE	3 1 117LF			CI	hange [] Addition	
NAME				3.2 NAME					
STREET ADDRESS				3 3 STREE	ADDRESS				
CITY-ST-ZIP			T beatre	3 4, CHY-	ST - ZIP				
TITLE		L] DELETE	4.1 THLE				hange L_ Addition	
NAME				4. 2 NAME	4000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.4 C(1Y - 5 5.1 T(1) F	51-211		□ c	hange	
NAME		L.		5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - 5					
TITLE			DELETE	6 1 TITLE			□ c	hange	
NAME				6.2-NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				64 CHY-5	S1 - 712				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ooth; that I am an officer or director of the corporation or indicated or frusted 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, do of an attachment with an address.

ATURE (1)