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 # P95000028867 (6)

1. Corporation Name

DOUBLE T OF KEY WEST, INC.

Principal Place of Business	Mailing Address
3314 EAGLE AVENUE KEY WEST FL 33040	3314 EAGLE AVENUE KEY WEST FL 33040

3. Date Incorporated or Qualified: 04/07/1995
3a. Date of Last Report:

4. FEI Number: 65-0583925 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 600 WHITEHEAD STREET	26 600 WHITEHEAD STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 KEY WEST, FL	City & State 28 KEY WEST, FL
Zip 24 33040 Country 25 MONROE	Zip 29 33040 Country 30 MONROE

9. **Name and Address of Current Registered Agent**

BOHATCH, JOHN S
19 WEST FLAGLER STREET
14TH FLOOR
MIAMI FL 33130

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 X Stephen J Bryan (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) 4/30/96 DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	BRYAN, STEPHEN J	
STREET ADDRESS	3314 EAGLE AVENUE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	☐ DELETE
NAME	BRYAN, JEANNA	
STREET ADDRESS	3314 EAGLE AVENUE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do 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; 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: Stephen J Bryan — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/30/96 Date — 294-2929 Daytime Phone #

STEPHEN J. BRYAN