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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham \* FILED ANNUAL REPORT Sccretary of State DIVISION OF CORPORATIONS 1997 JUN 27 AM 10: 47 DOCUMENT # P96000091153 (2) SECRETARY OF STATE KEY WEST-CRAFTERS 11, INC. Way change 4-20-97 TALLAHASSEE, FLORIDA 5901 8W 15 ST 5901 SW 15 ST PLANTATION FL 33313 PLANTATION FL 33317-4611 3. Date Incorporated or Qualified 3a. Date of Last Report 11/04/1996 2. Principal Place of Business 21 5901 - SW 15 St. 4. FEI Number 2a. Mailing Address Applied For 181 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No US A 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOBKIN, KENNETH S MICH AEL BUNSIAMO DE A٠ 1975 E SUNRISE BLVD, SUITE 600 82 Street Andress (P.O. Box Number is Not Acceptable) FT LAUDERALE FL 33304 83 84 City PLASTATION 85 33317 Pursuant to the provisions of Sections 607.0502 and 607. office or registered againt, or both, in the State of Florida, agent. I am familiar with, and accept the phigatiops of S 508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 30 A SIGNATURE Registered Agent signature required when reinstating) OFFICERS AND DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE Change Addition TITLE 1.1 10118 PUNZIANO, MICHAEL A NAME 1.2 NAME **CR2E034 59**01 SW 15 ST STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33313** CITY-ST-ZIP 1.4 CiTY-ST-7iP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE 900002229299 -07/02/97-01081-004 TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS \*\*\*\*165.80 \*\*\*\*165.00 CITY\_\$T-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETÉ 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7/P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 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. 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 efficier or director of the proporation or the receiver or trustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the forporation or the receiver or trappears in Block 12 or Block 13/if changed, or in an attachmen

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