FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000104027 (2) DOCUMENT # CDM OF KEY WEST, INC. Principal Place of Business Mailing Address 1900 FLAGLER AVENUE 1900 FLAGLER AVENUE KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1997 - Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CADIĒUX, JEAN Name 3920 S. ROOSEVELT BLVD. 313E 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.050? 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, typed or printed nank of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 11 TILLE Channe TITLE CADIEUX, JEAN NAME 1.2 NAME 3920 S. ROOSEVELT BLVD. 313E STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 1.4 City - S1 - 7IP DELETE Change TITLE 2.1 TITLE MOSCA, KEVIN NAME 22 NAME 118 AVENUE G STREET ADDRESS 23 STREET ADDRESS BIG COPPITT FL 33040 CITY - ST - ZIP 2. 4 CITY-S1 - 7IP DELETE Change 3.1 THLE TITLE DEFELICE, STEVE NAME 3.2 NAME **404A FRANCES STREET** STREET ADDRESS 3 3 STREET ADDRESS KEY WEST FL 33040 3 4. CITY - S1 - ZIP CITY-ST-718 TITLE DELETE 4.1 TITLE Change NAME 4. 2 NAME

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 oath; that I am an officer or director of the corporation or the receiver or true to the corporation or the receiver or true to the corporation or the receiver or true to the corporation of the receiver of the corporation of the receiver of true and accurate and that my name appears in Block 12 or Block 13 if changed, or open attachment with an address.

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

52 NAME

6.1 TITLE 6.2 NAME

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CIGNATURE: X

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☐ Change