## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

### PROFIT CORPORATION ANNUAL REPORT

1998



## FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000105506 (4)

## BEACH BREAK OF KEY WEST, INC.

FIII	icipai r	iace	O	QUSII
227	DUVAL	ST.	FR	THC
KEY	WEST	FL 3	304	0

Mailing Address

# 

**FILED** 

Jul 29 1998 8:00am

Secretary of State

227 DUVAL ST. 1 KEY WEST FL 3:		227 DUVAL ST. FR KEY WEST FL 3304				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						12/15/1997	
2. Principal Pla	ice of Business	2a. Mailing Addres	3 <b>S</b>			4. FEI Number	plied For
1	<u>.</u>	26				65-0817434 TN	ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, 6	ite.			5. Certificate of Status Desired Section Fee Ro	Additional equired
City & State		City & State				1	May Be to Fees
Zip	Country 25	<b>Z</b> ip <b>29</b>	30)	intry		8. This corporation owes or has paid the current year Int Personal Property Tax due June 30. Yes	angible No
	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New Registered Agent	
	I, MORDECHAI			81	Name		
	NUVAL ST. Nëst fl 33040			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
				83			
	_			B4	City	FL 85 Zip	Code
						ation submits this statement for the purpose of changing its re	

agent. I a	am familiar with, and accept the obligations of, section 607.0505, Flo	rida Statutes.	and a sound of condition. The only descapt the appointment of together of
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable. (NO	TE: Registered Agent signature r	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE	1.1 TITLE	Change Addition
NAME	<b>A</b> RAZI, MORDECHAI	1.2 NAME	
STREET ADDRESS	\$29 DUVAL ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	
TITLE	DELETE	2 1 TITLE	Change Addition
NAME		. 2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		. 3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3,4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	\$.1 TITLE	Change Addition
NAME		5.2 NAME	ı
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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.