

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90066 022 \*\*\*150.00

**DOCUMENT #** P98000013705  
1. Corporation Name

704 DUVAL ASSOCIATES INC..

Principal Place of Business

Mailing Address

1101 SIMONTON STREET  
KEY WEST, FLORIDA  
33040

1101 SIMONTON STREET  
KEY WEST, FLORIDA  
33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
FEBRUARY 11, 1998

2. Principal Place of Business  
21 704 DUVAL STREET  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. BOX 686  
Suite, Apt. #, etc.

4. FEI Number  
65-0818391  
Applied For  
Not Applicable

22 City & State  
23 KEY WEST, FLORIDA  
24 Zip 33040 25 Country MONROE

27 City & State  
28 KEY WEST, FLORIDA  
29 Zip 33041 30 Country MONROE

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THEODORE W. HERZOG  
1101 SIMONTON STREET  
KEY WEST, FL 33040

81 Name  
ISAAC MELLOUL  
82 Street Address (P.O. Box Number is Not Acceptable)  
606 TRUMAN AVENUE #8  
83  
84 City  
KEY WEST FL 85 Zip Code  
33040

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: *Isaac Melloul* (ISAAC MELLOUL) 3.25.99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR ☒ DELETE  
NAME THEODORE W. HERZOG  
STREET ADDRESS 1101 SIMONTON STREET  
CITY-ST-ZIP KEY WEST, FL 33040

1.1 TITLE DIRECTOR ☒ Change ☐ Addition  
1.2 NAME ISAAC MELLOUL  
1.3 STREET ADDRESS 606 TRUMAN AVENUE #8  
1.4 CITY-ST-ZIP KEY WEST, FLORIDA 33040

TITLE SECRETARY ☐ DELETE  
NAME ISAAC MELLOUL  
STREET ADDRESS 606 TRUMAN AVENUE #8  
CITY-ST-ZIP KEY WEST, FL 33040

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TREASURER ☐ DELETE  
NAME ISAAC MELLOUL  
STREET ADDRESS 606 TRUMAN AVENUE #8  
CITY-ST-ZIP KEY WEST, FL 33040

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PRESIDENT ☐ DELETE  
NAME ISAAC MELLOUL  
STREET ADDRESS 606 TRUMAN AVENUE  
CITY-ST-ZIP KEY WEST, FL 33040

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: *Isaac Melloul* ISAAC MELLOUL

3-25-99

305-292-7643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)