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PROFIT CORPORATION ANNUAL REPORT



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

**1999**DOCUMENT #

1. Corporation Name

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	704 DUVAL ASSOCIATES								
Principal Place	of Business	Mailing Address							
1	1101 CIMONTHON CHIPTEN	4404 6	TION	AT COMPANIE					
				N STREET	i'	DO NOT WR	ITE IN THE	SSPACE	
	-		KEY WEST, FLORIDA			3. Date Incorporated or Qualifed			
	33040	33040			FEBRU	ARY 11, 19	98		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Numb	er O 10 >01		A	pplied For
	704 DUVAL STREET	26 P.O. BOX	686		65-0	1 <u>839/</u>			lot Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certifcate	of Status Desired		•	Additional
22		27							Required
City & State	KEY WEST, FLORIDA	City & State 28 KEY WEST,	דינ ∩סדו	עת		ampaign Financing			May Be
23 K	Country	Zip Zip		ntry		d Contribution			I to Fees
			30 MO			ration-owes the cur Property Tax.	rent-year in	tangibie – · □Yes	 □No
<u></u>	9. Name and Address of Current	<del></del>	130 WO	NROE.		Address of New I	Registered		
				81 Name				<u> </u>	
п	THEODORE W. HERZOG				ISAAC MELLO				
	1101 SIMONTON STREET		-		ddress (P.O. Box Nu		•		
	KEY WEST, FL 33040			83	606_TRUMAN_	AVENUE #8			
, -	251 12 33040					<u> </u>		Taul =	
•				84 City	KEY WEST		FI	85 Zip	Code 040
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Sta	itutes, the ab	ove-named co	orporation submits th	is statement for the	purpose o	changing it	s registered
office of re	gistered agent, or both, in the State of n familiar with and accept the obligation	Florida. Such change wa	s autnonzed	by the corpora	ation's board of direc	ctors. I nereby acce	pt the appo	inument as r	egisterea
agent. I an	i iaiilikoi wii <i>i//aiii</i> /acacht iie/obligatic	715 UI, SECTION BUT .USUS,	Fionda Statu	ites.				-	
		_				3.2	25.9	9	
SIGNATURE	Signature, typed or printed name of registered agent a	O. und title if applicable. (N	(ISAA	C MELLOU	L) uired when reinstating)		25.9	1	
SIGNATURE	Signature, typed or printed name pregistered agent a	ond life if applicable. (N	( ISAA( DTE: Registered at 13.	C MELLOU Agent signature requ	L) uired when reinstating)	3.2	25.9	1 ND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent a	O. und title if applicable. (N	( ISAAC OTE: Registered a 13.	C MELLOU Agent signature requi	L) uired when reinstating)		25.9	1	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed of printed name of egistered agent a OFFICERS AND	ond life if applicable. (N	( ISAAC OTE: Registered / 13. 1.1 TITI 12 NA/	C MELLOU Agent signature requ LE ME	<b>几)</b> uired when reinstating) ADDITIONS	3.2 S/CHANGES TO OF	25.9	1 ND DIRECT	ORS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND DIRECTOR	O. Ind title if applicable. (NO DIRECTORS	( TSAAC OTE: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF	C MELLOU Agent signature requ LE ME REET ADDRESS	JL)  ADDITIONS DIRECTOR ISAAC MEL 606 TRUMA	3.2 S/CHANGES TO OF LOUL N AVENUE #8	DS, 9 DATE FICERS A	1 ND DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND DIRECTOR THEODORE W. HERZOG	O.  Individe if applicable. (N  DIRECTORS  X  DELETE	( TSAA( DTE: Registered / 13. 1.1 TITI 12 NA/ 1.3 STF	C MELLOU Agent signature requ LE ME REET ADDRESS Y-ST-ZIP	JL)  ADDITIONS DIRECTOR ISAAC MEL 606 TRUMA	3.2 S/CHANGES TO OF	DS, 9 DATE FICERS A	ND DIRECT	ORS IN 12 ☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent a OFFICERS AND DIRECTOR THEODORE W. HERZOG 1101 SIMONION STREET	O. Individe if applicable. (NO DIRECTORS DELETE	( I SAA( DTE: Registered   13. 1.1 IIII 12 NAI 1.3 SYF 1.4 CIT 2.1 IIII	C MELLOU Agent signature requ LE ME REET ADDRESS Y-ST-ZIP LE	JL)  ADDITIONS DIRECTOR ISAAC MEL 606 TRUMA	3.2 S/CHANGES TO OF LOUL N AVENUE #8	DS, 9 DATE FICERS A	1 ND DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	DIRECTOR THEODORE W. HERZOG 1101 SIMONTON STREET KEY WEST, FL. 33040 SECRETARY	O.  Individe if applicable. (N  DIRECTORS  X  DELETE	( TSAAC DTE: Registered # 13. 1.1 IIII 12 NA 1.3 STF 1.4 CIT 2.1 TIII 2.2 NA	C MELLOU Agent signature requ LE ME REET ADORESS Y-ST-ZIP LE ME	JL)  ADDITIONS DIRECTOR ISAAC MEL 606 TRUMA	3.2 S/CHANGES TO OF LOUL N AVENUE #8	DS, 9 DATE FICERS A	ND DIRECT	ORS IN 12 ☐ Addition
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