

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Montiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S12667** (9)

1. Corporation Name  
**IN TOUCH OF KEY WEST, INC.**



Principal Place of Business: **715 DUVAL STREET KEY WEST FL 33040**  
Mailing Address: **715 DUVAL STREET KEY WEST FL 33040**

3. Date Incorporated or Qualified: **11/14/1990** 3a. Date of Last Report: **03/16/1995**  
4. FEI Number: **65-0229433** Applied For:  Not Applicable  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21: Suite, Apt. #, etc.  
22: City & State  
23: Zip, Country  
24: Country

**9. Name and Address of Current Registered Agent**

**CORPORATION INFORMATION SERVICES, INC.  
502 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0702 and 607.1503, 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 607.0705, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KLAPPER, JULES</b>	
STREET ADDRESS	<b>715 DUVAL STREET</b>	
CITY-STATE-ZIP	<b>KEY WEST FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	
33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME	
35. STREET ADDRESS	
36. CITY-STATE-ZIP	
37. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. NAME	
39. STREET ADDRESS	
40. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
45. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
46. NAME	
47. STREET ADDRESS	
48. CITY-STATE-ZIP	
49. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
50. NAME	
51. STREET ADDRESS	
52. CITY-STATE-ZIP	
53. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
54. NAME	
55. STREET ADDRESS	
56. CITY-STATE-ZIP	
57. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
58. NAME	
59. STREET ADDRESS	
60. CITY-STATE-ZIP	

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-04/01/96--01022--030  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 reporter 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 attached sheet with an address.

SIGNATURE: *Jules Klapper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96 305292 7293  
SG 3-30-96

CR2E034 (12/95)