

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S17058** (6)

1. Corporation Name

SOUTH STREET STATION, INC.



Principal Place of Business

**PO BOX 329
KEY WEST FL 33041-0329**

Mailing Address

**PO BOX 329
KEY WEST FL 33041-0329**

3. Date Incorporated or Qualified
12/07/1990

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

21 **1014 WHITE ST.**

Suite, Apt. #, etc.

22 **KEY WEST, FL.**

City & State

23 **33040**

Zip

Country

24 **MONROE**

9. Name and Address of Current Registered Agent

**BALBONTIN, JOE
3702 EAGLE AVE
KEY WEST FL 33040**

2a. Mailing Address

26 **1014 WHITE ST.**

Suite, Apt. #, etc.

27 **KEY WEST, FL.**

City & State

28 **33040**

Zip

Country

29 **MONROE**

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 607.0502 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 607.0509, Florida Statutes.

SIGNATURE

[Signature]

State Registered Agent Signature Required for Filing

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPS
ROSASCO, MARK A
PO BOX 329 N/A
KEY WEST FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PT
BALBONTIN, JOSEPH R
3702 EAGLE AVE
KEY WEST FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
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CITY- ST- ZIP

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CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
☐ Change ☐ Addition

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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 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. I am attaching my home address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/96 305-296-5959

CR2E034 (12/95)