

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S36568** (1)

1. Corporation Name

N.S. ASSOCIATES OF KEY WEST, INC.



Principal Place of Business

**POST OFFICE BOX 4132
KEY WEST FL 33041-4132**

Mailing Address

**POST OFFICE BOX 4132
KEY WEST FL 33041-4132**

3. Date Incorporated or Qualified
03/08/1991

3a. Date of Last Report
07/31/1995

4. FEI Number

65-0259077

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 **6450 E. Jr. College Rd.**
Suite, Apt. #, etc.

22 City & State

23 **Key West, FL 33040**

24 Zip Country

USA

2a. Mailing Address

26 **PO Box 5886**
Suite, Apt. #, etc.

27 City & State

28 **Key West, FL 33041**

29 Zip Country

USA

9. Name and Address of Current Registered Agent

**ALLISON, JOHN
100 SE SECOND ST.
STE. 3350
MIAMI FL 33131**

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 607.0505, Florida Statutes.

SIGNATURE

(Signature type, corporate name of registered agent, and date of filing)

(NOTE: Registered Agent signature is not required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ DELETE
NAME **JOHNSTON, ANN E**
STREET ADDRESS **6450 EAST JR. COLLEGE RD.**
CITY - ST - ZIP **KEY WEST FL 33040**

TITLE **VP** ☐ DELETE
NAME **NEWLAND, ELIZABETH**
STREET ADDRESS **6450 EAST JR. COLLEGE RD.**
CITY - ST - ZIP **KEY WEST FL 33040**

TITLE **S** ☐ DELETE
NAME **CREATH, JACQUELINE E**
STREET ADDRESS **6450 EAST JR. COLLEGE RD.**
CITY - ST - ZIP **KEY WEST FL 33040**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DPT** ☒ Change ☐ Addition
12 NAME **London, A. Elaine**
13 STREET ADDRESS **6450 E. Jr. College Rd.**
14 CITY - ST - ZIP **Key West, FL 33040**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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, or on an attachment with an address.

SIGNATURE:

Jacqueline E. Creath, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 **305-296-5601**
SG-4-27-96
Daytime Phone #

CR2E034 (12/95)