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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S94150** **(7)**

1. Corporation Name

A.J. ASSOCIATES OF KEY WEST, INC.

Principal Place of Business	Mailing Address
TRUMAN ANNEX P.O. BOX 4132 KEY WEST FL 33041	TRUMAN ANNEX P.O. BOX 4132 KEY WEST FL 33041

3. Date Incorporated or Qualified: **11/13/1991**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: **6450 E. Jr. College Rd.**
22: Suite Apt. #, etc:
23: City & State: **Key West, FL 33040**
24: Zip:
25: Country: **USA**

2a. Mailing Address
26: **PO Box 5886**
27: Suite Apt. #, etc:
28: City & State: **Key West, FL 33041**
29: Zip:
30: Country: **USA**

4. FEI Number: **65-0306391** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: **Allison, John R. III**
82 Street Address (P.O. Box Number is Not Acceptable): **100 SE Second Street, Suite ~~1250~~ 3350**
83: **Miami, FL 33131**
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: _____ DATE: 5/10/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT JOHNSTON, ANN E BLDG 21 FRONT STREET KEY WEST FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPT London, A. Elaine 6450 E. Jr. College Road Key West, FL 33040	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RUSSO, GLENN P O BOX 4132 KEY WEST FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP Newland, Elizabeth 6450 East Jr. College Rd., Key West, FL 33040	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CREATH, JACQUELINE ~~BLDG 21 FRONT STREET~~ ~~KEY WEST FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S Creath, Jacqueline E. 6450 East Jr. College Road Key West, FL 33040	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	400001826054 -05/17/96--01016--020	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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.

SIGNATURE: Jacqueline E. Creath, Secretary 4/23/96 305 296 5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jacqueline E. Creath