PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			S1ATE	FILED May 18 1998 8:00am Secretary of State			
	MENT # S94 ASSOCIATES OF KEY W		(7)							
Principal Place of Business Mailing Address 8450 E. JR. COLLEGE RD. PO BOX 5886 KEY WEST FL 33040 KEY WEST FL 3304							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
		<u>, </u>					11/13/1991			
2. Principal F	Place of Business	2a. M	failing Address				4. FEI Number 65-0308391		├	Applied For Not Applicable
Suite, Apt.	#. etc.		uite, Apt. #, etc.	t, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & Sta	de		ity & State				6. Election Campaign Financing Trust Fund Contribution		\$5.0	May Be
Zip 24	Country 25 9. Name and Address of Co	29	p	30 Co	untry		8. This corporation owes or has Personal Property Tax due Ju	paid the ci	urrent year I	
11. Pursuant	NAMI FL 33131 to the provisions of Sections 607 egistered agent, or both, in the 3 rm familiar with, and accept the 6	0502 and 607 State of Florida obligations of S	1508, Florida Statut Such change was a ection 607,0505, Flo	es, the a authorize orida Sta	84 bove d by	City -riamed corp the corporal	poration submits this statement for the tion's board of directors. I hereby acc	FI e purpose ept the ap		o Code its registered is registered
	Signature, typed or printed name of registers				d Age	nt signarure requi	red when reinstaling)	DATE	·	
12.	OFFICERS DPT	AND DIRECTO	DELETE	13.	TIF		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO Change	
NAME STREET ADDRESS CITY-ST-ZiP	RYSMAN, PETER 8450 E. JR. COLLEGE I KEY WEST FL	RO.		12 N 13 S	I4ME	ADDRESS			(narige	Addition
TITLE NAME STREET ADDRESS City-St-Zip	VP NEWLAND, ELIZABETH 6450 E. JR. COLLEGE F KEY WEST FL 33040	RD.	DELETE	21 T 22 N 23 S	ITLE AME	ADORESS			Change	Addition
TITLE NAME STREET ADDRESS	S CREATH, JACQUELINE 6450 E. JR. COLLEGE F KEY WEST FL 33040		DELETE	3 1 TI 3.2 N 3 3 S	ITLE AME TREFT	ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NET HEST TE SOUND		DELETE	4 1 TI 4. 2 N 4.3 S	AME REET	ADDRESS			☐ Change	Add-tron
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ DELETE	5 1 TI 5 2 No 5 3 SI	AME	ADDRESS :			Change	Addition

14. I hereby certify that the information supplied with this filing 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

6 1 TIFLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZP

; ;;

\$5. 1. 1

1.1

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: JELLEN LELLEN HOLLEN HOLLEN HOLL 34, 1998 315-291-510/

DELETE

Change

Addition