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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S94351** (1)

1. Corporation Name
JUPITER KEY DEVELOPMENT CORP., INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
401 W LINTON BLVD STE 302 DELRAY BEACH FL 33444 US	6123 NW 23RD WAY BOCA RATON FL 33496 US

3. Date Incorporated or Qualified: 11/15/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 401 W. LINTON BLVD.	26 6017 Pine Ridge Rd.
22 Suite, Apt. #, etc. SUITE 202	27 Suite, Apt. #, etc. Suite 221
23 City & State DELRAY BEACH, FL	28 City & State NAPLES, FLORIDA
24 Zip 33444 25 Country USA	29 Zip 33999 30 Country USA

4. FEI Number: 65-0308276 ☐ 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	10. Name and Address of New Registered Agent
PROCACCI ROSEANN 401 W LINTON BLVD STE 302 DELRAY BCH FL 33444	81 Name: PROCACCI ROSEANN 82 Street Address (P.O. Box Number is Not Acceptable): 401 W. LINTON BLVD., 83 SUITE 202 84 City DELRAY BEACH FL 85 Zip Code 33444

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	1.1 TITLE	SECRETARY/TREASURER	☑ Change ☐ Addition
NAME	PROCACCI ROSEANN	1.2 NAME	PROCACCI, ROSEANN	
STREET ADDRESS	401 W LINTON BLVD #302	1.3 STREET ADDRESS	401 W. LINTON BLVD, SUITE 202	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	P	2.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	CIOCE DOUGLAS	2.2 NAME	CIOCE, DOUGLAS	
STREET ADDRESS	401 W LINTON BLVD #302	2.3 STREET ADDRESS	401 W. LINTON BLVD., SUITE 202	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: _____ Douglas G. Cioce, President 1-20-95 (813) 455-4433
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date) (Area Code & Telephone Number)

0280013 CP