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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

V61227



QUARTER PHONE OF THE FLORIDA KEYS, INC.

,							ATAN ATAN	Didicality dia kata
Principal Place of Business	Mailing Address				1881 BILDIA DILD: 17016 (4818 :			FIETH BEDELONDIN 1801
2601 ROOSEVELT BLVD SUITE 311-B KEY WEST FL 33040 US	P.O. BOX 5222 KEY WEST FL 330 US	4 5						
					 Date Incorporated or Qualified 08/31/1992 		e of Last I 04/24/	
2. Principal Place of Business	2a. Mailing Address				4. FEt Number	· /		Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.				65-0350702			Not Applicable
City & State	27				5. Certificate of Status Desired			5 Additional Required
23	City & State			1	6. Election Campaign Financing			DO May Be
Zip Country	Zip	Country	,		Trust Fund Contribution 8. This corporation has liability for			ed to Fees
24 25	29	30		'		intangipie ta No	ax under s	s 199.032,
9. Name and Address of Current	Registered Agent			1	0. Name and Address of New F		Agent	
DOLE TOLE		61	Nam	ne				
ROLF, JOIE 2601 S ROOSEVELT BLVD		82	Stree	et Address (P.O. Box Number is Not Acceptab	ole)		
UNIT 311B		83		 				
KEY WEST FL 33040		84	City					
11 Direction to the second of		'	1			FL	4 1	Ip Code
 Pursuant to the provisions of Sections 607.0502 a or registered agent, or both, in the State of Florida familiar with, and accept the obligations of, Section 	and 607.1508, Florida Statut a. Such change was authoriz	tes, the above i	named oration	corporation	submits this statement for the pur	rpose of cha	anging its	registered office
	n 607.0505, Florida Statutes	S.		, a bobila of	алестога: г погеру ассерт гле арр	omunent as	registered	o agent. I am
SIGNATURE Signature, typed or printed name of registered agent at	nd title if applicable (Nr.	OTE: Don stored Asse				·		
12. OFFICERS AND		OTE: Registered Agor	it signaturi	re required when	ADDITIONS/CHANGES TO OFF	DATE	DIDECT	0000 101 40
THLE	DELETE	1. 1 TITLE		T	ADDITIONS/CHANGES TO OFF		Change	OHS IN 12
NAME ROLF, JACK A.R.		1.2 NAME					_ Change	L) Abbitton
STREET ADDRESS 2601 S ROOSEVLT BVD 311	В	1.3 STREET	ADDRESS	s				
CHY-ST-ZIP KEY WEST FL		1.4 CiTY - S	T-ZIP					i
TITLE D	- L_1 DECEIE ■ 2.11						Change	Addition
	ROLF, JOAN WEBER		2.2 NAME			_	_ •	
VEV WEST EL	VEV WEAT EL		23 STREET ADDRESS					
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	2004 C DOOCENT DUD 444D							
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TITLE	[] DELETE	3.4 CITY-S	r - ZIP				· · · · · · · · · · · · · · · · · · ·	
NAME		4. 1 TITLE					Change	☐ Addition
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CITY-ST-ZIP		4.3 STREET)				İ
THLE	☐ DELETE	4.4 CITY-ST 5 1 TITLE	- ZIP				7.0	
NAME		5.2 NAME				L	Cnange	☐ Addition
STREET ADDRESS		5.3 STREET	2249UU					į
CITY-ST-ZIP		5.4 CITY-S1		1				ļ
TITLE	☐ DELETE	6. 1 TITLE] Change	Addition
NAME		6.2 NAME				L	, unange	C' VOUIDII
SIREET ADDRESS		63 STREET	ADDRESS	.				
C/TY - ST - ZiP		6 4 CITY-ST						

4. 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRE

4-76-96 305-294 ...