

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Morlhary
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000080078 (6)**

1. Corporation Name

KEY WEST CONCH HOUSE, INC.



Principal Place of Business

Mailing Address

**6505 SW 26 ST
MIAMI FL 33155**

**6505 SW 26 ST
MIAMI FL 33155**

2. Principal Place of Business

2a. Mailing Address

21 **6700 S.W. 54 ST.**

26 **6700 S.W. 54 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Miami, FL.**

28 **Miami, FL.**

Zip

Country

Zip

Country

24 **33155**

25 **USA**

29 **33155**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/26/1994

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

4. FEI Number **650553954**
APPLIED FOR

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

**BREZINA, FRANK M
6505 SW 26 ST
MIAMI FL 33155**

81 Name

10. Name and Address of New Registered Agent

82 Street Address (P.O. Box Number is Not Acceptable)

6700 S.W. 54 ST

83

84 City

Miami

FL

85 Zip Code

33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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 or director

DATE

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BREZINA, JULIA	
STREET ADDRESS	6505 SW 26 ST	6700 S.W. 54 ST.
CITY-STATE-ZIP	MIAMI FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	BREZINA, FRANK M	
STREET ADDRESS	6505 SW 26 ST	6700 S.W. 54 ST
CITY-STATE-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BREZINA, EDWARD S JR.	
STREET ADDRESS	210 BRISTOL CT	
CITY-STATE-ZIP	GREENVILLE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	6700 S.W. 54 ST
14 CITY-STATE-ZIP	Miami, FL. 33155
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	6700 S.W. 54 ST
24 CITY-STATE-ZIP	Miami, FL. 33155
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	000001856680
53 STREET ADDRESS	-06/10/96--01014--019
54 CITY-STATE-ZIP	***200.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is substantially true 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:

Julia Brezina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 461-7459

DATE

CR2E034 (12/95)