

## **Application**



# Application For Easement

City of Key West, Florida • Planning Department

3140 Flagler Avenue • Key West, Florida 33040-4602 • 305-809-3720 • www.keywestcity.com

**Application Fee: \$2,150.00**

(includes \$100.00 advertising/noticing fee and \$50.00 fire review fee)  
(\$400 for each additional easement for same parcel)

Please complete this application and attach all required documents. This will help staff process your request quickly and obtain necessary information without delay. If you have any questions, please call 305-809-3720.

## PROPERTY DESCRIPTION:

Site Address: 224 Duval St Key West FL 33040

Zoning District: \_\_\_\_\_ Real Estate (RE) #: 00001380-000000

Property located within the Historic District? ☒ Yes ☐ No

## APPLICANT:

☐ Owner

☒ Authorized Representative

Name: Gary Burchfield of Gary the Carpenter

Mailing Address: 800 Simonson

City: Key West

State: FL

Zip: 33040

Home/Mobile Phone: 305-797-7778 Office: 305-792-0261 Fax: \_\_\_\_\_

Email: Garythecarpenter@hotmail.com

## PROPERTY OWNER: (if different than above)

Name: WADE FEEBEL

Mailing Address: PO Box 4623

City: KEY WEST

State: FL

Zip: 33040

Home/Mobile Phone: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Description of requested easement and use: "Secondary Story Balcony"  
Remove and Install new metal Brackets  
new 2x4 wood Decking

Are there any easements, deed restrictions or other encumbrances attached to the property? ☐ Yes ☒ No  
If yes, please describe and attach relevant documents: \_\_\_\_\_

City of Key West • Application for Easement

**REQUIRED SUBMITTALS:** All of the following must be submitted in order to have a complete application. Please submit one paper copy and one electronic copy of all materials.

- ☒ Correct application fee. Check may be payable to "City of Key West."
- ☒ Notarized verification form signed by property owner or the authorized representative. Gary.
- ☒ Notarized authorization form signed by property owner, if applicant is not the owner. owner
- ☒ Copy of recorded warranty deed
- ☒ Property record card
- ☒ Signed and sealed Specific Purpose Surveys with a legal description of the easement area requested
- ☐ Photographs showing the proposed easement area

## **Verification**



City of Key West  
Planning Department



Verification Form

(Where Authorized Representative is an individual)

I, Gary Burchfield, being duly sworn, depose and say that I am the Authorized Representative of the Owner (as appears on the deed), for the following property identified as the subject matter of this application:

224 Duval St Key West FL 33040  
weide fence Street address of subject property

All of the answers to the above questions, drawings, plans and any other attached data which make up the application, are true and correct to the best of my knowledge and belief. In the event the City or the Planning Department relies on any representation herein which proves to be untrue or incorrect, any action or approval based on said representation shall be subject to revocation.

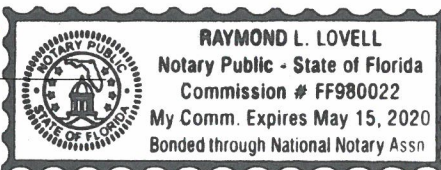
[Signature]  
Signature of Authorized Representative

Subscribed and sworn to (or affirmed) before me on this 7/26/16 by  
date

Gary Burchfield  
Name of Authorized Representative

He/She is personally known to me or has presented \_\_\_\_\_ as identification.

[Signature]  
Notary's Signature and Seal

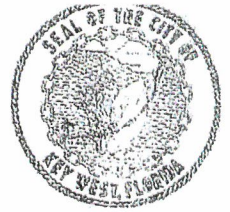


Raymond L. Lovell  
Name of Acknowledger typed, printed or stamped

FF 980022  
Commission Number, if any

## **Authorization**

KEY WEST  
Planning Department



Authorization Form  
(Individual or Joint Owner)

Please complete this form if someone other than the owner is representing the property owner in this matter.

I, WADE FERREL  
Please Print Name(s) of Owner(s) as appears on the deed authorize

GARY BURCHFIELD / GARY THE CARPENTER  
Please Print Name of Representative

to be the representative for this application and act on my/our behalf before the City of Key West.

[Signature] Signature of Owner  
[Signature] Signature of Joint/Co-owner if applicable

Subscribed and sworn to (or affirmed) before me on this 22 July 2016  
Date

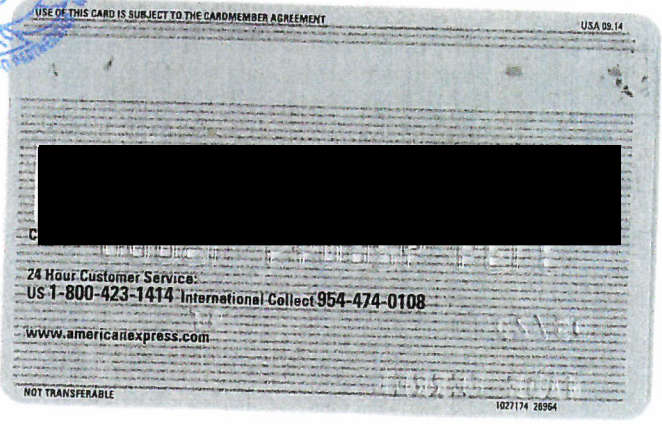
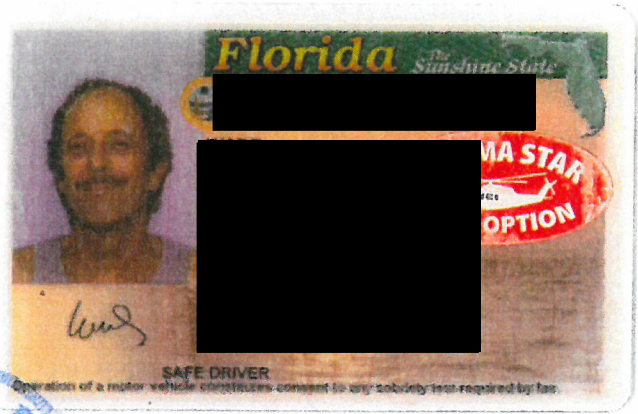
by WADE FERREL  
Name of Owner

He/She is personally known to me or has presented DRIVER'S LICENSE as identification.

[Signature]  
Notary's Signature and Seal  
22.07.59  
2  
HANG DO

Name of Acknowledger typed, printed or stamped

Commission Number, if any



**Deed**



TUTBLANK REGISTERED TO THE PAY OFFICE  
TUTBLANK PRINT PUBLISHERS, INC. AND 105701

# This Indenture,

5.00  
2,250.00

Wherever used herein, the term "party" shall include the heirs, personal representatives, successors and/or assigns of the respective parties hereto; the use of the singular number shall include the plural, and the plural the singular; the use of any gender shall include all genders; and, if used, the term "note" shall include all the notes herein described if more than one.

Made this 6<sup>th</sup> day of August A.D. 1986  
Between JAMES W. CHERRY, a single man, over the age of  
eighteen (18) years

of the County of Monroe in the State of Florida  
party of the first part, and WADE FERREL, a single man over the age of  
eighteen years, 27 Azalea Drive, Key West, Florida 33040

of the County of Monroe in the State of Florida  
party of the second part,

Witnesseth, that the said party of the first part, for and in consideration of the sum of  
-----TEN AND NO/100THS (\$10.00)----- Dollars,  
to him in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged,  
has granted, bargained and sold to the said party of the second part his heirs and assigns forever, the  
following described land, situate lying and being in the County of  
State of Florida, to wit:

On the Island of Key West and known on William A. Whitehead's  
Map, delineated in February, A.D. 1829, as Part of Lot 1,  
Square 15. Commencing at the Westerly corner of the intersection  
of Duval Street and Caroline Street and running thence along  
Duval Street in a Northwesterly direction 50 feet; thence at  
right angles in a Southwesterly direction 46 feet; thence at  
right angles in a Southeasterly direction 50 feet to Caroline  
Street; thence at right angles in a Northeasterly direction 46  
feet to the point or place of beginning.

THIS INSTRUMENT PREPARED BY:

THE LAW OFFICE OF  
MARK H. KELLY, P.A.  
324 SOUTHARD STREET  
KEY WEST, FLORIDA 33040

FILED FOR RECORD

86 AUG -6 P4:49

DANNY L. KOLLAG  
CLK. CIRCUIT COURT  
MONROE COUNTY, FLORIDA

DEED 2-250.00 Date 8-6-86  
MONROE COUNTY  
DANNY L. KOLLAG, CLK. CIRCUIT COURT  
By Southern States

And the said party of the first part does hereby fully warrant the title to said land, and will defend the same  
against the lawful claims of all persons whomsoever.

In Witness Whereof, the said party of the first part has hereunto set his hand and seal the day  
and year first above written.

Signed, Sealed and Delivered in Our Presence:

Mark H. Kelly  
WITNESS  
James W. Cherry  
WITNESS

James W. Cherry L.S.  
JAMES W. CHERRY L.S.  
L.S.  
L.S.

State of Florida }

County of MONROE

Recorded in Official Records Book  
in Monroe County, Florida  
Record Verified

DANNY L. KOLLAG  
Clerk Circuit Court

I Hereby Certify That on this day personally appeared before me, an officer duly authorized to  
administer oaths and take acknowledgments,

JAMES W. CHERRY, a single man over the age of eighteen (18) years  
to me well known and known to me to be the individual described in and who executed the foregoing  
deed, and he acknowledged before me that he executed the same freely and  
voluntarily for the purposes therein expressed.

Witness my hand and official seal at  
of Monroe, City of Key West, and State of Florida, this  
A.D. 1986.

NOTARY PUBLIC  
My Commission Expires May 5, 1993  
NOTARY GENERAL INS. USD.



FLORIDA  
COUNTY OF MONROE  
This Copy is True Copy of the  
Original on File in this Office. Witness  
my hand and Official Seal.

15th day of July  
A.D., 20 16

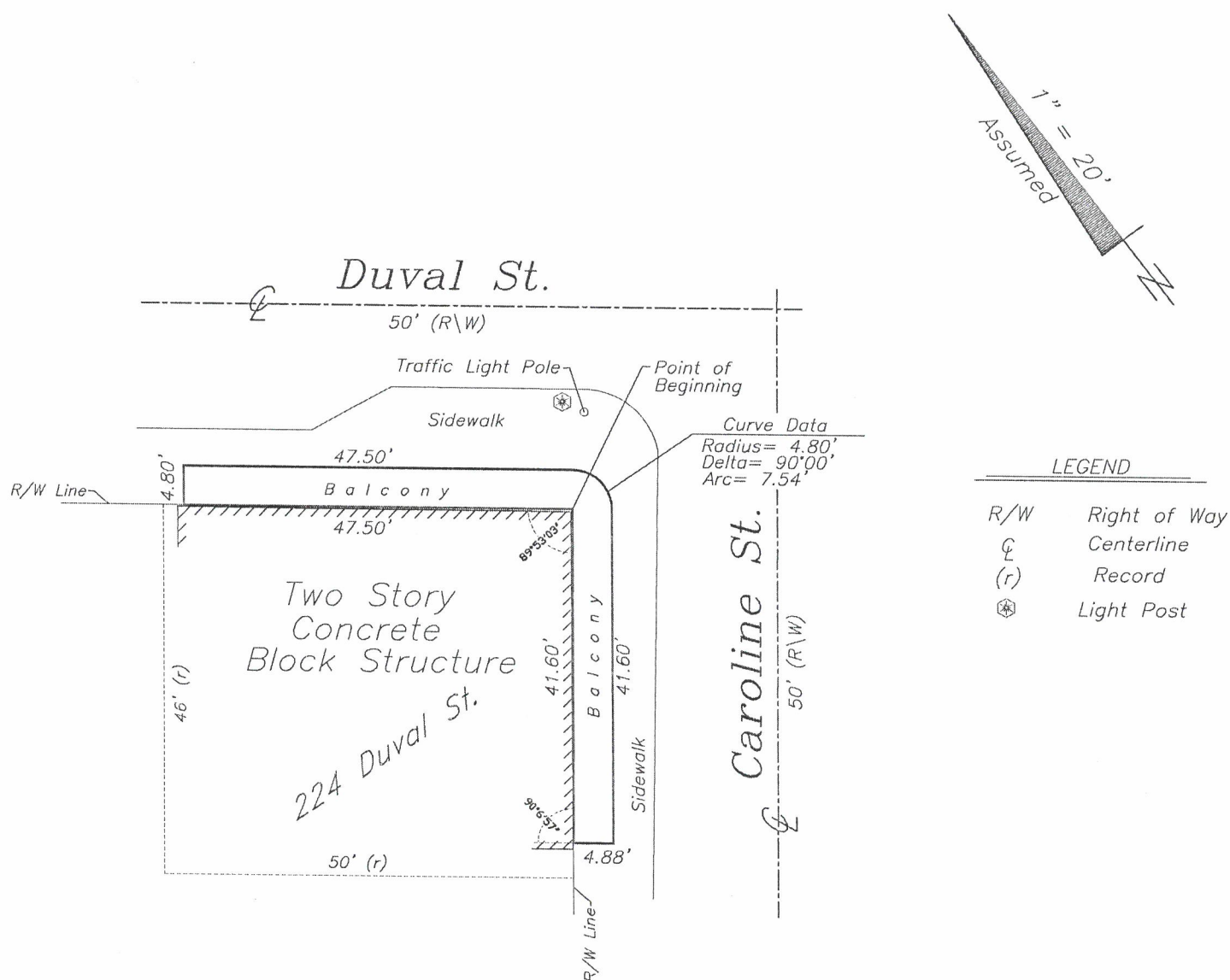
AMY HEAVILIN  
Clerk Circuit Court

By Marg Thompson B.C.

## Survey



Specific Purpose Survey to illustrate a legal description  
of a portion of Duval & Caroline Streets, Island of Key West,  
prepared by the undersigned



NOTES:

1. The legal description shown hereon was authored by the undersigned.
2. Underground foundations and utilities were not located.
3. All angles are 90° (Measured & Record) unless otherwise noted.
4. Street address: 224 Duval Street, Key West, FL.
5. This survey is not valid without the signature and the original raised seal of a Florida licensed surveyor and mapper.
6. Lands shown hereon were not abstracted for rights-of-way, easements, ownership, or other instruments of record.
7. North Arrow is assumed and based on the legal description.
8. This survey is not assignable.
9. Adjoiners are not furnished.
10. The description contained herein and sketch do not represent a field boundary survey.

SPECIFIC PURPOSE SURVEY TO ILLUSTRATE A LEGAL DESCRIPTION  
AUTHORED BY THE UNDERSIGNED

A parcel of land on the Island of Key West and is part of the Right-of-Way of Duval and Caroline Streets adjacent to Lot One (1) in Square Fifteen (15) according to William A. Whitehead's map of said Island delineated in February, A.D. 1829, said parcel being described by metes and bounds as follows:  
BEGIN at the intersection of the Northwestern right of way line of Caroline Street with the Southwesterly right of way line of Duval Street and run thence Northwesterly along the Southwesterly right of way line of the said Duval Street for a distance of 47.50 feet to the Northwesterly face of an existing balcony of a Two Story Concrete Block Structure; thence Northeasterly and at right angles along said balcony for a distance of 4.80 feet; thence Southeasterly and at right angles along said balcony for a distance of 47.50 feet to a curve, concave to the West and having for its elements a radius of 4.80 feet and a central angle of 90°00'; thence Southerly along the arc of said curve, and along the said balcony, for an arc distance of 7.54 feet to the end of said curve; thence Southwesterly and along the said balcony for a distance of 41.60 feet; thence Northwesterly and at right angles along said balcony for a distance of 4.88 feet to the Northwesterly right of way line of the said Caroline Street; thence Northeasterly with a deflection angle of 90°06'57" to the right and along the Northwesterly right of way line of the said Caroline Street for a distance of 41.60 feet back to the Point of Beginning, containing 448 square feet, more or less.

SPECIFIC PURPOSE SURVEY FOR: Wade Ferrel;

J. LYNN O'FLYNN, INC.

J. Lynn O'Flynn, PSM  
Florida Reg. #6298

July 28, 2016

J. LYNN O'FLYNN, Inc.



Professional Surveyor & Mapper  
PSM #6298

3430 Duck Ave., Key West, FL 33040  
(305) 296-7422 FAX (305) 296-2244



## **Site Photos**











Google earth







Google earth

feet 10  
meters 5







Google earth





New. Brackets











# **Property Appraiser**



**Scott P. Russell, CFA**  
**Property Appraiser**  
**Monroe County, Florida**

Key West (305) 292-3420  
 Marathon (305) 289-2550  
 Plantation Key (305) 852-7130

## Property Record Card -

**Maps are now launching the new map application version.**

Alternate Key: 1001406 Parcel ID: 00001380-000000

### Ownership Details

**Mailing Address:**  
 FERREL WADE  
 PO BOX 4623  
 KEY WEST, FL 33041-4623

### Property Details

**PC Code:** 33 - NIGHTCLUBS, LOUNGES, BARS  
**Millage Group:** 10KW  
**Affordable Housing:** No  
**Section-Township-Range:** 06-68-25  
**Property Location:** 224 DUVAL ST KEY WEST  
**Legal Description:** KW PT LOT 1 SQR 15 XX-160 C OF F 406 ORYY-279 OR427-598/99 OR730-444R/S OR983-1237D/C OR983-1018

**Click Map Image to open interactive viewer**



1986





## Land Details

Land Use Code	Frontage	Depth	Land Area
100D - COMMERCIAL DRY	50	46	2,300.00 SF

## Building Summary

Number of Buildings: 1  
 Number of Commercial Buildings: 1  
 Total Living Area: 4138  
 Year Built: 1954

## Building 1 Details

Building Type  
 Effective Age 21  
 Year Built 1954  
 Functional Obs 0

Condition A  
 Perimeter 446  
 Special Arch 0  
 Economic Obs 0

Quality Grade 450  
 Depreciation % 26  
 Grnd Floor Area 4,138

### Inclusions:

Roof Type  
 Heat 1  
 Heat Src 1

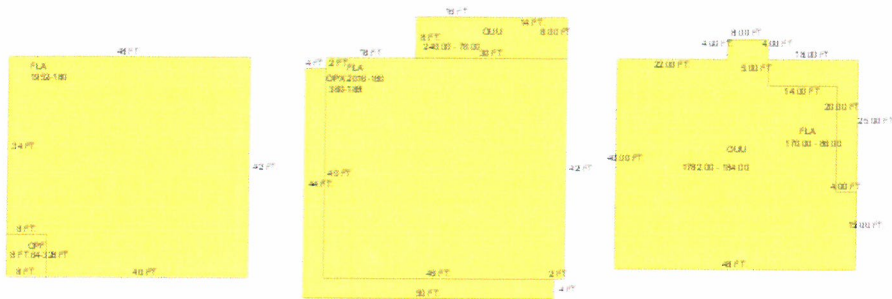
Roof Cover  
 Heat 2  
 Heat Src 2

Foundation  
 Bedrooms 0

### Extra Features:

2 Fix Bath 0  
 3 Fix Bath 0  
 4 Fix Bath 0  
 5 Fix Bath 0  
 6 Fix Bath 0  
 7 Fix Bath 0  
 Extra Fix 10

Vacuum 0  
 Garbage Disposal 0  
 Compactor 0  
 Security 0  
 Intercom 0  
 Fireplaces 0  
 Dishwasher 0



## Sections:

Nbr	Type	Ext Wall	# Stories	Year Built	Attic	A/C	Basement %	Finished Basement %	Area
1	FLA		1	1988					1,952
2	OPF		1	1988					64
3	FLA		1	1988					2,016
4	OPX		1	1988					360
5	OOU		1	1988					240
6	OOU		1	1988					1,782
7	FLA		1	1999					170

## Interior Finish:

Section Nbr	Interior Finish Nbr	Type	Area %	Sprinkler	A/C
	1	NIGHT CLUBS, BARS C	100	N	N
	517	NIGHT CLUBS, BARS C	100	N	Y
	519	NIGHT CLUBS, BARS C	100	N	Y

## Exterior Wall:

Interior Finish Nbr	Type	Area %
168	REIN CONCRETE	100

## Misc Improvement Details

Nbr	Type	# Units	Length	Width	Year Built	Roll Year	Grade	Life
1	WD2:WOOD DECK	164 SF	0	0	1991	1992	1	40

## Appraiser Notes



TPP8513089 BULL &amp; WHISTLE BAR

## Building Permits

Bldg Number	Date Issued	Date Completed	Amount	Description	Notes
17 08-0150	01/22/2008	02/01/2008	1,000	Commercial	REPLACE EXISTING SERVICE WIRE & REPLACE METER CAN JAWS
1 08-0132	01/23/2008	02/01/2008	1,500	Commercial	RETILE EXISTING RESTROOM FLOOR
1 11-3604	10/12/2011	12/31/2012	5,000	Commercial	BUILD EIGHT (8) CONCRETE & STEEL FOOTING FOR EXIT STAIR
1 11-3606	10/12/2011	12/31/2012	12,500	Commercial	REMOVE AND DISPOSE EXISTING WOOD STAIRS, FABRICATE AND INSTALL WOOD STAIRS, LANDINGS, RAILING.
1 11-3607	10/12/2011	12/31/2012	12,500	Commercial	FABRICATE AND INSTALL METAL STAIRS, LANDINGS, RAILING.
14-5692	12/17/2014		1,000		REPAIR SPALLING AROUND WINDOW BASES
1 B94-2784	01/22/2008	07/01/1996	6,500	Commercial	ROOF DECK/STAIRWAYS
1 B95-1915	06/01/1995	07/01/1996	4,000	Commercial	RMVE/REPL DECK RAILS
1 96-0978	02/01/1996	08/01/1996	1,500	Commercial	ELECTRICAL
1 96-2742	06/01/1996	08/01/1996	5,000	Commercial	RENOVATIONS
1 96-3544	08/01/1996	11/01/1996	600	Commercial	ELECTRICAL
1 96-4262	10/01/1996	12/01/1996	2,500	Commercial	RENOVATIONS
1 96-4356	11/01/1996	10/01/1997	600	Commercial	ELECTRICAL
1 97-3859	12/03/1997	01/01/1999	2,600	Commercial	CANVAS AWNING OVER BAR
1 98-1567	05/20/1998	01/01/1999	500	Commercial	INSTALL 2 NEW FIXS
1 00-4002	12/01/2000	11/16/2001	12,600	Commercial	INSTALL HURRICANE SHUTTER
1 01-2089	05/25/2001	11/16/2001	600	Commercial	ELECTRICAL
1 01-3567	11/20/2001	12/31/2001	14,500	Commercial	TILE OVER CONCRETE FLOOR
1 04-0413	02/24/2004	10/04/2004	2,400	Commercial	AWNING
1 04-0696	03/10/2004	10/04/2004	2,200	Commercial	INSTALL NEW AWNING
1 04-1097	04/08/2004	10/04/2004	1,800	Commercial	HANDICAP RAMP
1 04-2376	07/19/2004	10/04/2004	2,400	Commercial	PARAPET CAP

## Parcel Value History

Certified Roll Values.

[View Taxes for this Parcel.](#)

Roll	Total Bldg	Total Misc	Total Land	Total Just (Market)	Total Assessed	School Exempt	School Taxable
------	------------	------------	------------	---------------------	----------------	---------------	----------------

Year	Value	Improvement Value	Value	Value	Value	Value	Value
2015	685,367	524	1,312,102	1,997,993	1,997,993	0	1,997,993
2014	685,367	498	1,268,846	1,954,711	1,928,170	0	1,954,711
2013	685,367	531	1,066,984	1,752,882	1,752,882	0	1,752,882
2012	685,367	554	1,066,984	1,752,905	1,752,905	0	1,752,905
2011	720,970	587	1,066,984	1,788,541	1,788,541	0	1,788,541
2010	720,970	609	955,077	1,676,656	1,653,752	0	1,676,656
2009	756,574	642	1,222,995	1,980,211	1,503,411	0	1,980,211
2008	756,574	664	609,500	1,366,738	1,366,738	0	1,366,738
2007	512,809	697	609,500	1,835,823	1,835,823	0	1,835,823
2006	524,875	720	230,000	1,835,823	1,835,823	0	1,835,823
2005	524,875	753	218,500	1,335,823	1,335,823	0	1,335,823
2004	492,345	775	218,500	1,335,823	1,335,823	0	1,335,823
2003	492,345	808	165,600	1,335,823	1,335,823	0	1,335,823
2002	492,345	830	165,600	1,335,823	1,335,823	0	1,335,823
2001	526,231	863	165,600	1,024,865	1,024,865	0	1,024,865
2000	526,231	328	142,600	998,401	998,401	0	998,401
1999	492,345	340	142,600	998,401	998,401	0	998,401
1998	318,986	349	142,600	628,037	628,037	0	628,037
1997	318,986	361	138,000	628,037	628,037	0	628,037
1996	219,907	369	138,000	602,628	602,628	0	602,628
1995	219,907	381	138,000	602,628	602,628	0	602,628
1994	206,174	390	138,000	570,911	570,911	0	570,911
1993	208,256	402	138,000	443,783	443,783	0	443,783
1992	208,018	0	138,000	443,783	443,783	0	443,783
1991	208,018	0	138,000	443,783	443,783	0	443,783
1990	208,018	0	101,775	443,783	443,783	0	443,783
1989	208,018	0	101,200	533,289	533,289	0	533,289
1988	141,152	0	87,975	456,064	456,064	0	456,064
1987	116,103	0	55,200	445,632	445,632	0	445,632
1986	116,595	0	55,200	443,750	443,750	0	443,750
1985	113,822	0	26,220	556,838	556,838	0	556,838
1984	112,742	0	26,220	169,948	169,948	0	169,948
1983	112,742	0	18,929	142,629	142,629	0	142,629
1982	107,972	0	18,929	126,901	126,901	0	126,901

## Parcel Sales History

NOTE: Sales do not generally show up in our computer system until about two to three months after the date of sale. If a recent sale does not show up in this list, please allow more time for the sale record to be processed. Thank you for your patience and understanding.

Sale Date	Official Records Book/Page	Price	Instrument	Qualification
8/1/1986	983 / 1018	450,000	WD	Q
2/1/1969	730 / 444	13,500	00	Q

This page has been visited 9,233 times.



Monroe County Property Appraiser  
Scott P. Russell, CFA  
P.O. Box 1176 Key West, FL 33041-1176



## Detail by Document Number

### Florida Profit Corporation

HABIBI CORPORATION

### Filing Information

<b>Document Number</b>	V45833
<b>FEI/EIN Number</b>	65-0343097
<b>Date Filed</b>	06/24/1992
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

224 DUVAL STREET  
KEY WEST, FL 33040

Changed: 09/26/1995

### Mailing Address

P.O. BOX 4623  
KEY WEST, FL 33041

Changed: 03/04/2013

### Registered Agent Name & Address

HRABCOVA, IVONA  
3431 EAGLE AVE  
KEY WEST, FL 33040

Name Changed: 03/04/2013

Address Changed: 08/02/2005

### Officer/Director Detail

#### **Name & Address**

Title MANAGER/DIRECTOR

HRABCOVA, IVONA  
P.O. BOX 4623  
KEY WEST, FL 33041

Title President

FERREL, WADE

P.O. BOX 4623  
KEY WEST, FL 33041

### Annual Reports

Report Year	Filed Date
2014	03/24/2014
2015	01/11/2015
2016	03/04/2016

### Document Images

<a href="#">03/04/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/11/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/24/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/04/2013 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/31/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/22/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/23/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/19/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/24/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/14/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/10/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/19/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/02/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/09/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/28/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/25/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/06/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/06/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/07/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

## **Additional Information**



217 Duvall The Ball

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/20/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Easton Insurance</b> <b>140 Intracoastal Pointe Drive</b> <b>Suite 110</b> <b>Jupiter FL 33477</b>	<b>CONTACT NAME:</b> <b>Jim Westwood</b> <b>PHONE (A/C, No, Ext):</b> <b>(561) 746-1244</b> <b>FAX (A/C, No):</b> <b>(561) 300-2167</b> <b>E-MAIL ADDRESS:</b> <b>jim@easton-ins.com</b>														
<b>INSURED</b> <b>Habibi Corporation</b> <b>PO Box 4623</b> <b>Key West FL 33041</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> <b>Axis Insurance Company</b></td> <td></td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> <b>Axis Insurance Company</b>		<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
<b>INSURER A:</b> <b>Axis Insurance Company</b>															
<b>INSURER B:</b>															
<b>INSURER C:</b>															
<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b>			<b>EAP791967-16</b>	<b>01/30/2016</b>	<b>01/30/2017</b>	<b>EACH OCCURRENCE</b> \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ <b>100,000</b>
							<b>MED EXP (Any one person)</b> \$ <b>Excluded</b>
							<b>PERSONAL &amp; ADV INJURY</b> \$ <b>1,000,000</b>
							<b>GENERAL AGGREGATE</b> \$ <b>2,000,000</b>
							<b>PRODUCTS - COMP/OP AGG</b> \$ <b>2,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b>						<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$
	<input type="checkbox"/> ANY AUTO						<b>BODILY INJURY (Per person)</b> \$
	<input type="checkbox"/> ALL OWNED AUTOS						<b>BODILY INJURY (Per accident)</b> \$
	<input type="checkbox"/> HIRED AUTOS						<b>PROPERTY DAMAGE (Per accident)</b> \$
							\$
	<b>UMBRELLA LIAB</b>						<b>EACH OCCURRENCE</b> \$
	<b>EXCESS LIAB</b>						<b>AGGREGATE</b> \$
	<b>DED</b> <b>RETENTION \$</b>						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<b>PER STATUTE</b> <b>OTH-ER</b>
	<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b>						<b>E.L. EACH ACCIDENT</b> \$
	<b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>						<b>E.L. DISEASE - EA EMPLOYEE</b> \$
							<b>E.L. DISEASE - POLICY LIMIT</b> \$

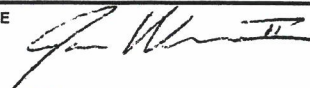
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

**City of Key West**  
**3132 Flagler Avenue**  
  
**Key West, FL 33040**  
**Phone: (305)809-3700**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



&lt;DA&gt;

© 1988-2014 ACORD CORPORATION. All rights reserved.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**07/20/2016**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Easton Insurance 140 Intracoastal Pointe Drive Suite 110 Jupiter FL 33477	<b>CONTACT NAME:</b> Jim Westwood <b>PHONE (A/C, No, Ext):</b> (561) 746-1244 <b>FAX (A/C, No):</b> (561) 300-2167 <b>E-MAIL ADDRESS:</b> jim@easton-ins.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Axis Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Axis Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Axis Insurance Company															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> Habibi Corporation PO Box 4623 Key West FL 33041															

## COVERAGES

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			EAP791967-16	01/30/2016	01/30/2017	EACH OCCURRENCE \$ 1,000,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person) \$ Excluded
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000	
	OTHER:						GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO						BODILY INJURY (Per person) \$	
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$	
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						AGGREGATE \$	
	DED						\$	
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

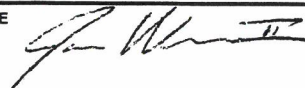
## CERTIFICATE HOLDER

## CANCELLATION

City of Key West  
 3132 Flagler Avenue  
  
 Key West, FL 33040  
 Phone: (305)809-3700

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



<DA>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/20/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Easton Insurance 140 Intracoastal Pointe Drive Suite 110 Jupiter FL 33477	<b>CONTACT NAME:</b> Jim Westwood <b>PHONE (A/C, No, Ext):</b> (561) 746-1244 <b>FAX (A/C, No):</b> (561) 300-2167 <b>E-MAIL ADDRESS:</b> jim@easton-ins.com														
<b>INSURED</b> Habibi Corporation PO Box 4623 Key West FL 33041	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Axis Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Axis Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Axis Insurance Company															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

## COVERAGES

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			EAP791967-16	01/30/2016	01/30/2017	EACH OCCURRENCE	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$ 100,000	
	OTHER:						MED EXP (Any one person)	
							\$ Excluded	
							PERSONAL & ADV INJURY	
							\$ 1,000,000	
							GENERAL AGGREGATE	
							\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	
							\$ 2,000,000	
							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						\$	
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	HIRED AUTOS						\$	
							BODILY INJURY (Per accident)	
							\$	
							PROPERTY DAMAGE (Per accident)	
							\$	
	UMBRELLA LIAB						\$	
	EXCESS LIAB						EACH OCCURRENCE	
	DED						\$	
	RETENTION \$						AGGREGATE	
							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	
							\$	
							E.L. DISEASE - EA EMPLOYEE	
							\$	
							E.L. DISEASE - POLICY LIMIT	
							\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

City of Key West  
3132 Flagler Avenue

Key West, FL 33040  
Phone: (305)809-3700

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



<DA>

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V45833

**Entity Name:** HABIBI CORPORATION

**Current Principal Place of Business:**

224 DUVAL STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

P.O. BOX 4623  
KEY WEST, FL 33041 US

**FEI Number:** 65-0343097

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HRABCOVA, IVONA  
3431 EAGLE AVE  
KEY WEST, FL 33040 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** IVONA HRABCOVA

03/04/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MANAGER/DIRECTOR

Name HRABCOVA, IVONA

Address P.O. BOX 4623

City-State-Zip: KEY WEST FL 33041

Title PRESIDENT

Name FERREL, WADE

Address P.O. BOX 4623

City-State-Zip: KEY WEST FL 33041

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** IVONA HRABCOVA

MANAGER/DIRECTOR

03/04/2013

Electronic Signature of Signing Officer/Director

Date



[Print](#)[Close](#)

## Attn: Charles - 224 Duval St - The Bull

From: **Serge** (serge@artibusdesign.com)

Sent: Tue 5/17/16 10:12 PM

To: Gary Burchfield (garythecarpenter@hotmail.com)

☐ 2 attachments

224 Duval St - Diagram.pdf (592.3 KB) , 20160517\_084340.jpg (2.1 MB)

Charles,

I've performed the requested structural inspection for the 224 Duval St balcony today 05-17-2016.

Several locations at the balcony require immediate attention and are in critical condition. Please inform the owners that following areas shall be blocked-off from any access by the staff and clients.

- 1) Entire side along Caroline St.
- 2) Half spans as shown on the attached diagram - at brackets #14 and #15 as shown and numbered.

Also attached is an example of the bracket attachment in critical condition.

Other brackets are in poor but satisfactory condition and shall be monitored while we work on the structural details for repairs.

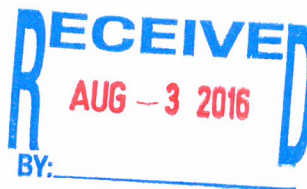
Let me know if you have any questions.

--

Sincerely,

Serge Mashtakov P.E.  
President

3706 N. Roosevelt Blvd, Suite I-208  
Key West, FL 33040  
T: (305) 304-3512





**GARY THE CARPENTER CONST. INC.**  
800 SIMONTON ST.  
KEY WEST, FLORIDA 33040  
PH: 305-292-0261 FAX: 305-292-2225

CAPITAL BANK  
capitalbank-us.com

33483

63-1176/670  
06  
CHECK NUMBER

8/3/2016

PAY TO THE  
ORDER OF

The City of Key West

\$ \*\*2,150.00

Two Thousand One Hundred Fifty and 00/100\*\*\*\*\*

DOLLARS

City of Key West  
3140 Flager Ave  
Key West, FL 33041-14099

MEMO

16062

AUTHORIZED SIGNATURE

⑈033483⑈ ⑈067011760⑈ 60803807406⑈