

**CORPORATION
ANNUAL REPORT
1995**



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

05 MAR 23 1995

DOCUMENT # 506958 (8)
1. Corporation Name
FLORIDA KEYS HANDBAG, INC.

Principal Place of Business: **U.S. HIGHWAY ONE AT LOWE ST. TAVERNER FL 33070**
Mailing Address: **PO BOX 647 TAVERNER FL 33070 US**

300001439353
-03/24/95--01085--003
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|------------------------|--|--|-------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 07/12/1976 | 03/08/1994 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23 City & State | | 28 City & State | | 59-1678134 | Part Assessable |
| 24 Zip | | 29 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 Country | | 30 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | | 8. This Corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | |
|--|--|--|--|--|--|---------------------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | |
| STARYK, CHARLENE ROYAL PALM CLUB #18, P.O. BOX 748 N/A 6060 PLUM BEACH RD. 40 BROWN PELICAN STORE MARATHON FL 33050 555 OVERSEAS HWY. | | | | 81 | Name | <i>Same</i> |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | | <i>See address change</i> |
| | | | | 84 | City | FL |
| | | | | 85 | Zip Code | |

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: _____
Registered Agent or Printed Name of Registered Agent and Title (if applicable) (Print)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995 | |
|----------------------------|---------------------------|---|---|
| TITLE | SD | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOPEZ, BARBARA | 12 NAME | |
| STREET ADDRESS | 16500 SW 272 ST | 13 STREET ADDRESS | |
| CITY, ST, ZIP | HOMESTEAD FL | 14 CITY, ST, ZIP | |
| TITLE | PD | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STARYK, "BONNIE" CHARLENE | 22 NAME | PD (Address change) |
| STREET ADDRESS | ROYAL PALM CB/COCO PM RD | 23 STREET ADDRESS | STARYK, CHARLENE "BONNIE" |
| CITY, ST, ZIP | MARATHON FL | 24 CITY, ST, ZIP | 40 BROWN PELICAN 5551 OVERSEAS MARATHON, FL. |
| TITLE | D | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CURRY, DENNY | 32 NAME | D - HEAD OF BOARD |
| STREET ADDRESS | % GEMINI 5101 OVERSEAS | 33 STREET ADDRESS | HAMMER, RONNEY |
| CITY, ST, ZIP | MARATHON FL | 34 CITY, ST, ZIP | C/O SANDALS N'STUFF 5103 OVERSEAS MARATHON, FL. |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY, ST, ZIP | | 44 CITY, ST, ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY, ST, ZIP | | 54 CITY, ST, ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY, ST, ZIP | | 64 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 119.027, Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE: *Charlene C. Staryk*
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
CHARLENE C. STARYK
 3-3-95 305 852-8690
LW 3-23-95