

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jan 29 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

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



Principal Place of Business Mailing Address  
**U.S. HIGHWAY ONE AT LOWE ST. TAVERNIER FL 33070**  
**PO BOX 647 TAVERNIER FL 33070-0647 US**

3. Date Incorporated or Qualified **07/12/1976** 3a. Date of Last Report **06/18/1996**  
 4. FEI Number **59-1678134** 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

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**STARYK, CHARLENE**  
**C/O BROWN PELICAN STORE**  
**5551 OVERSEAS HWY.**  
**MARATHON FL 33050**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPEZ, BARBARA</b>	
STREET ADDRESS	<b>16500 SW 272 ST</b>	
CITY - ST - ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>STARYK, "BONNIE" CHARLENE</b>	
STREET ADDRESS	<b>5551 OVERSEAS HWY</b>	
CITY - ST - ZIP	<b>MARATHON FL 33050</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMMER, RONNEY</b>	
STREET ADDRESS	<b>% SANDALS N' STUFF 5103 OVERSEAS HWY</b>	
CITY - ST - ZIP	<b>MARATHON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>5551 OVERSEAS Hwy</b>
3.4 CITY - ST - ZIP	<b>MARATHON, FL. 33050</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Charlene C. Staryk* **Charlene C. Staryk**  
 1-22-97 (305) 852-8690  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)