**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 506958

1. Corporation Name

**FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90088 041 \*\*\*150.00

FLORIDA K	KEYS HANDBAG, INC.								
Principal Place of	f Business	Mailing Address			7//1	- 10000 61111 60110 61110 6110	i Billion (1945 Billion Bi	BII OLBII BIBII I	HUH GARAF 1981
Principal Place of Business  U.S. HIGHWAY ONE AT LOWE ST.  TAVERNIER FL 33070  PO BOX 647  TAVERNIER FL 33070  US						DO NOT W	RITE IN THIS	SPACE	
<u>}</u>			•			3. Date Incorporated or Qualife 07/12/1976	ed		
. 2 Principal Place	e of Business	2a. Mailing Address		·		- 4 FEI Number		-   An	plied For
21		26				59-1678134			t Applicable
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.						\$8.75	
22		27				5. Certifcate of Status Desired		Fee Re	quired
City & State		City & State				6. Election Campaign Financin		\$5.00	May Be
23		28				Trust Fund Contribution	<sup>9</sup> 🗆	Added	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the ci	urrent year Inta	angible	_ \
24	25	<del></del>	30			Personal Property Tax.	· <u> </u>	Yes	□No
	9. Name and Address of Current	Registered Agent		841 -		10. Name and Address of Nev	Registered /	Agent	
CTADVL	K, CHARLENE			81 1	Name				-
	ROWN PELICAN STORE		ľ	82 5	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
į	OVERSEAS HWY.								
	THON FL 33050		\ \	83					
	MOIR PL 33030		f	84 (	City			85 Zip (	Code
וירעוראו				_L			FL		
11. Pursuant to t		C COZ OFOE Clar	inorizea	by the	e corporation	n's board of directors. I hereby acc	ept the appoin	ntment as re	gistered
11. Pursuant to to office or regis agent. I am fa	familiar with, and accept the obligation	ons of, Section 607.0505, Florand title if applicable. (NOTE:	ida Statu	by the		n's board of directors. I hereby acc	DATE		
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14. I 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, with all other like empowered.

SIGNATURE:

FICER OR DIRECTOR

Gharlene C. Staryk