

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

**FILED**  
**Jan 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 576622 (5)**  
 1. Corporation Name  
**SHADES OF KEY WEST, INC.**



Principal Place of Business <b>2724 N ROOSEVELT BLVD                  KEY WEST FL 33040</b>	Mailing Address <b>2724 N ROOSEVELT BLVD                  KEY WEST FL 33040-3926</b>
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3. Date Incorporated or Qualified <b>06/22/1978</b>	3a. Date of Last Report <b>02/27/1996</b>
4. FEI Number <b>59-1822673</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 501 DUVAL ST.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 501 DUVAL ST.</b> Suite, Apt. #, etc.
22 City & State <b>23 KEY WEST, FLA.</b>	27 City & State <b>28 KEY WEST, FLA.</b>
24 Zip <b>33040</b>	25 Country
29 Zip <b>33040</b>	30 Country

9. Name and Address of Current Registered Agent <b>GIBSON, BARRY                  335 DUVAL ST.                  KEY WEST FL 33040</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_  
Signature type: 3 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>YOEST, BRIAN</b>	
STREET ADDRESS <b>335 DUVAL ST.</b>	
CITY - ST - ZIP <b>KEY WEST, FL 00000</b>	
TITLE <b>VPS</b>	<input type="checkbox"/> DELETE
NAME <b>GIBSON, BARRY</b>	
STREET ADDRESS <b>335 DUVAL ST.</b>	
CITY - ST - ZIP <b>KEY WEST FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>YOEST, REGIS</b>	
STREET ADDRESS <b>308 FRONT ST.</b>	
CITY - ST - ZIP <b>KEY WEST 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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 a 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 or changed, as shown on attachment with an address

SIGNATURE:  **1-17-97 305 294 2758**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)