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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business SOO DUYAL STREET KEY WEST FL 33040 (8) (8) (8) Mailing Address SOO DUYAL STREET KEY WEST FL 330406553						
NEI WEGI FL	www.	HET THEN I'V SHEPPOSSO		Date Incorporated or Qualified 11/01/1979	3a. Date of Last F	Report
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		optied For
21		26		59-1951227	····	ot Applicable
Suite Apt	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & Stat	te	City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution	Debba Added	to Fees
Ζιρ 24	Country	Zip 29	Country 30	8. This corporation has liability for i	intangible tax under s] Yes □ No	. 199.032,
24]	25 9. Name and Address of Currel		30	10. Name and Address of New Re		
	DUVAL STREET WEST FL 33040		82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptab		Code
SIGNATURE	Signature Typed or profed name of registered ag		Registered Agent signature requ	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
TILLÉ	SDV	DELETE	1.1 TITLE		Change	Addition
NAME	FALCONE, ANTHONY V		1.2 NAME			
STREET APPORTS	500 DUVAL ST KEY WEST, FL 00000		1.3 STREET ADORESS			
CHY-\$1 70° THUE	DP	DELETE	1 4 CHY-ST-ZIP 21 TITLE		Change	Addition
NAME	CONKLE, WILLIAM H. JR.	_	2.2 NAME			 -
STREET ADORESS	500 DUVAL ST		2.3 STREET ADDRESS			
OHY-ST-ZIP TICLE	KEY WEST, FL 00000	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change	Addition
NAME		tuni occur	3.2 NAME		Onenge	L. Madillon
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - S1 - 70°		- Constant	3.4 CITY-ST-ZIP	<u> </u>		11440
101tE		☐ DELETE	4.1 TITLE		Change	Addition
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIF]		4.4 CITY+ST-ZIP			
TILLE		DELETE	5.1 FITLE		Change	Addition
NAME			5.2 NAME			
STREE" ADDRESS			5.3 STREET ADDRESS			
C-TY - ST - 74P TITLE	- And	DELETE	5.4 City-St-ZiP 6.1 Title	<u> </u>	☐ Change	Addition
NAME			6.2 NAME		•	
SPREET ADDRESS			6.3 STREET ADDRESS			
	1		■ .			

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 or an attachment with an address.

SIGNATURE:

FILED

May 08 1997 8:00am

Secretary of State