

3-18-97 B-3233 C
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
DOCUMENT # 744178 (5) 1. Corporation Name KEY WEST BUSINESS GUILD, INC.																																																																																																																											
Principal Place of Business 424 FLEMING ST. KEY WEST FL 33040		Mailing Address P.O. BOX 1208 KEY WEST FL 33041-1208																																																																																																																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30																																																																																																																									
9. Name and Address of Current Registered Agent FOHRMAN, DARRYL 322 ELIZABETH ST. KEY WEST FL 33040		10. Name and Address of New Registered Agent 81 Name <i>Wayne LaRue Smith</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>317 Whitehead Street</i> 83 84 City <i>Key West</i> FL 85 Zip Code <i>33040</i>																																																																																																																									
11. Pursuant to the provisions of Sections 617.0122 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>Wayne LaRue Smith</i> DATE <i>3/10/97</i> Signature of type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.)																																																																																																																											
12. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>VD</td><td>☐ DELETE</td></tr><tr><td>NAME</td><td>MARTHA ROBINSON</td><td></td></tr><tr><td>STREET ADDRESS</td><td>336 DUVAL STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>KEY WEST FL</td><td></td></tr><tr><td>TITLE</td><td>TD</td><td>☐ DELETE</td></tr><tr><td>NAME</td><td>ED ALLAIRE C/O FIRST STATE BANK</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1201 SIMONTON ST</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>KEY WEST FL</td><td></td></tr><tr><td>TITLE</td><td>PD</td><td>☐ DELETE</td></tr><tr><td>NAME</td><td>DENNIS BEAVER</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1207 WHITEHEAD ST.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>KEY WEST FL</td><td></td></tr><tr><td>TITLE</td><td>SD</td><td>☐ DELETE</td></tr><tr><td>NAME</td><td>ADAMS, JOHN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1414 NEWTON ST.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>KEY WEST FL 33040</td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE	VD	☐ DELETE	NAME	MARTHA ROBINSON		STREET ADDRESS	336 DUVAL STREET		CITY-ST-ZIP	KEY WEST FL		TITLE	TD	☐ DELETE	NAME	ED ALLAIRE C/O FIRST STATE BANK		STREET ADDRESS	1201 SIMONTON ST		CITY-ST-ZIP	KEY WEST FL		TITLE	PD	☐ DELETE	NAME	DENNIS BEAVER		STREET ADDRESS	1207 WHITEHEAD ST.		CITY-ST-ZIP	KEY WEST FL		TITLE	SD	☐ DELETE	NAME	ADAMS, JOHN		STREET ADDRESS	1414 NEWTON ST.		CITY-ST-ZIP	KEY WEST FL 33040		TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"><tr><td>1.1 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr><tr><td>2.1 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr><tr><td>4.1 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr><tr><td>5.1 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr><tr><td>6.1 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table>		1.1 TITLE	☐ Change ☐ Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	☐ Change ☐ Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	☐ Change ☐ Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	☐ Change ☐ Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	☐ Change ☐ Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	☐ Change ☐ Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis Beaver*

3/10/97 305-294371

CR2E037 (9/96)