


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755880 (2)  
1. Corporation Name  
KEY WEST PLAYERS, INC.



Principal Place of Business P.O. BOX 724 KEY WEST FL 33041	Mailing Address P.O. BOX 724 KEY WEST FL 33041
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/14/1981	3a. Date of Last Report 01/24/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 59-1966652	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MUNDER, RUTH 1214 PETRONIA ST KEY WEST FL 33040		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 617.0502 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: *Ruth Munder*  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD HOLTKAMP, NANCY 1207 WILLIAM KEY WEST FL	<input checked="" type="checkbox"/> DELETE	
TITLE	VTD MUNDER, RUTH 1214 PETRONIA KEY WEST FL	<input type="checkbox"/> DELETE	1.1 TITLE VD KATZ, LORI 1514 4 ST KEY WEST FL 33040
TITLE	PD TIERNEY, KATIE 25A 7 AVE KEY WEST FL	<input type="checkbox"/> DELETE	1.2 NAME
TITLE	TD RECHER, FLORENCE 3124 RIVIERA DR KEY WEST FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
TITLE	SD CLEMENTS, OTIS 3811 FLAGLER KEY WEST FL	<input checked="" type="checkbox"/> DELETE	1.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE
TITLE		<input type="checkbox"/> DELETE	2.2 NAME
TITLE		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
TITLE		<input type="checkbox"/> DELETE	3.2 NAME
TITLE		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
TITLE		<input type="checkbox"/> DELETE	4.2 NAME
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
TITLE		<input type="checkbox"/> DELETE	5.2 NAME
TITLE		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
TITLE		<input type="checkbox"/> DELETE	6.2 NAME
TITLE		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Florence Recher, Trustee* 2-12-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076 136

CR2E037 (9/96)