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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755880

1. Corporation Name
KEY WEST PLAYERS, INC.

Principal Place of Business TIFFS LN & WALL ST WATERFRONT PLAYHOUSE KEY WEST FL 33040 US	Mailing Address P.O. BOX 724 KEY WEST FL 33041
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/14/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1966652
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MUNDER, RUTH
1214 PETRONIA ST
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KATZ, LORI	
STREET ADDRESS	1514 4 ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MUNDER, RUTH	
STREET ADDRESS	1214 PETRONIA	
CITY-ST-ZIP	KEY WEST FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TIERNEY, KATIE	
STREET ADDRESS	25A 7 AVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RECHER, FLORENCE	
STREET ADDRESS	3124 RIVIERA DR	
CITY-ST-ZIP	KEY WEST FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUSS, KATHY	
STREET ADDRESS	1212 VON PHISTER	
CITY-ST-ZIP	KEY WEST FL	
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	Gilmore, Scott
3.3 STREET ADDRESS	1221 ASBY ST.
3.4 CITY-ST-ZIP	KEY WEST FL 33040
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	Gugliotti GEORGE
5.3 STREET ADDRESS	709 OLIVIA ST.
5.4 CITY-ST-ZIP	KEY WEST FL 33040
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 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, with all other like empowered.

SIGNATURE: Florence Recher FLORENCE RECHER 01-12-99 305-294-0431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)