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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L35357

EDEN HOUSE OF KEY WEST INC.

(7)
-		•

FILED May 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							
,		-					
MAIICHAEL EDI 1015 FLEMING		%MICHAEL EDEN 1015 FLEMING STREE	T				
KEY WEST FL		KEY WEST FL 33040-6				Ta	**************************************
					3. Date Incorporated or Qualified	3s. Date of L	
2. Principal P	lace of Business	2a. Mailing Address			12/07/1989 4. FEI Number	05/01/19	Applied For
21	(000 01 000 m 1000	26			65-0167114	-	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				¬ \$8	75 Additional
22		27			Certificate of Status Desired		ee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	the second control of the control of		Trust Fund Contribution	A	ded to Fees
Zip	Country	Zip	1 1	intry	B. This corporation has liability for in		der s. 199.032,
24	25	29	[30]	T	Florida Statutes 10. Name and Address of New Reg	Yes No	
	9. Name and Address of Curr	ant Ladistaten Want		81 Name	IU. Name and Address of New Reg	istered Agent	
	N, MICHAEL						
	5 FLEMING STREET			82 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
KEY	WEST FL 33040			83			
				<u> </u>			
				84 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Si	tatutes, the a	bove-named co	rporation submits this statement for the pu ation's board of directors. I hereby accep		jing its registered
office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obt	te of Florida. Such change w igations of, Section 607.0505	vas authorize 5, Florida Sta	d by the corpor lutes.	ation's board of directors. I hereby accep	the appointme	nt as registered
SIGNATURE	Signature, typed or printed name of registered a		(NC1) Flegistere	o Agent signature req	uired whou reinstating)	DATE	
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	[] ortere	1.139	ILE		☐ Ch	ange L. Addition
NAME	EDEN, MICHAEL		1.2 N				
STREET ADDRESS	1015 FLEMING STREET			TREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL	Divier		ITY-ST-ZIP			anna Additi
TITLE	DST	L_J DELETE		1		L_J Ch	ange L_ Addition
NAME	EDEN, COLLEEN		22 N				
STREET ADDRESS	1015 FLEMINS STREET KEY WEST FL		4	TREET ADDRESS			
CITY-ST-ZIP TITLE	NET WEST PL	DELFTE		DITY-ST-7IP			ange Addition
NAME			32 N				
STREET ADDRESS			1	TREE ADDRESS			Ì
CITY-ST-ZIP			1	21 Y - \$1 - 2/P			
TITLE		DELETE				Ch	ange Addition
NAME			4.21	JAME			
STREET ADDRESS			4.3 \$	TREE1 ADDRESS			
CITY-ST-ZIP				11Y-S1-ZIP			
TITLE		DELETE	5.1 T	1LF		☐ C	ange Addition
NAME			5.2 N	AME			
STREET ADDRESS			5.3 \$	TREET ADDRESS			
CITY-ST-ZIP				HY-\$1-7IP			
TITLE		☐ DELETE	617	urt 1		☐ Ct	ange
NAME			62 N	AME			
STREET ADDRESS			6.3 S	TREET ADDRESS			
CITY-ST-ZIP			6.4 C	ITY-ST-ZIP			

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 eath; 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 on an all schools with an address.

CICNIATURE.

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