

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 31 1996 8:00 am  
Secretary of State

DOCUMENT # N38992 (6)

1. Corporation Name  
KEY WEST COLUMBIAN CLUB, INC.



Principal Place of Business: 3401 NORTHSIDE DR, KEY WEST FL 33040-6240, US  
Mailing Address: P.O. BOX 124, KEY WEST FL 33041-0124, US

3. Date Incorporated or Qualified: 07/09/1990  
3a. Date of Last Report: 06/22/1995  
4. FEI Number: 65-0136046  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
BELLO, ELIO G  
2501 STAPLES AVENUE  
KEY WEST FL 33040

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------|---|---|
| TITLE                      | PD                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BELLO, ELIO G     | 1.2 NAME  |   |
| STREET ADDRESS             | 2501 STAPLES AVE. | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | KEY WEST FL       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SHERMAN, GEORGE E | 2.2 NAME  |   |
| STREET ADDRESS             | 1402 LAIRD STREET | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | KEY WEST FL       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ILCHUK, PETER K   | 3.2 NAME  |   |
| STREET ADDRESS             | 915 ANGELA ST     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | KEY WEST FL       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD                | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PLANAS, JOSE      | 4.2 NAME  |   |
| STREET ADDRESS             | 711 OLIVA ST      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | KEY WEST FL       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 5.2 NAME  |   |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 6.2 NAME  |   |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Elio G Bello* 1/19/96 (305) 296-5952  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)