

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

Amended

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN 24 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004824
1. Corporation Name
KeyWest Symphony Orchestra Inc.

Principal Place of Business Mailing Address
P.O. Box 774
KeyWest FL 33041-0774

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		8-25-97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0846695	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	
24	25	29	30	\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Tracy Adams				\$5.00 May Be Added to Fees	
617 Whitehead Street				6. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
KeyWest FL 33040					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Tracy Adams				81 Name			
617 Whitehead Street				82 Street Address (P.O. Box Number is Not Acceptable)			
KeyWest FL 33040				83			
				84 City		85 Zip Code	
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0508, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Pres. Director	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Elena Spottswood			1.2 NAME	Virginia Wright		
STREET ADDRESS	632 Caroline Street			1.3 STREET ADDRESS	3349 Flagler Avenue		
CITY-ST-ZIP	KeyWest FL 33040			1.4 CITY-ST-ZIP	KeyWest FL 33040		
TITLE	EVPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	EVPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Tom Dosterhoudt			2.2 NAME	Glenn Sherwood		
STREET ADDRESS	314 Simonton Street			2.3 STREET ADDRESS	102 Admirals Lane		
CITY-ST-ZIP	KeyWest FL 33040			2.4 CITY-ST-ZIP	KeyWest FL 33040		
TITLE	SB	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SB	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Virginia Wright			3.2 NAME	Robin Weiss		
STREET ADDRESS	3349 Flagler Avenue			3.3 STREET ADDRESS	626 William Street		
CITY-ST-ZIP	KeyWest FL 33040			3.4 CITY-ST-ZIP	KeyWest FL 33040		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Sandra Shiffman			4.2 NAME	Scott Saunders		
STREET ADDRESS	150 Johnson Street			4.3 STREET ADDRESS	Four Coconut Drive		
CITY-ST-ZIP	KeyWest FL 33040			4.4 CITY-ST-ZIP	KeyWest FL 33040		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS	100002924171--7		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	-07/06/99--01141--011		
TITLE		<input type="checkbox"/> DELETE		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 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 607, 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

CR2E034 (11/98)

SP