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

PROFIT CORPORATION · ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600030469

FLORIDA KEYS FOOD & BEVERAGE MANAGEMENT, INC.

LOUIDA	THE TOTAL DEVELOPMENT	- Will Wildelmertty into							
Principal Place	of Business	Mailing Address				T LINGULARI SUR GREEN WITH	66111 SELL 28111 SEL	9 (())(r 88()) B(D)	
21026 3RD AVENUE 21026 3RD AVENUE									
SUMMERLAND KEY FL 33042-4034 SUMMERLAND KEY FL 33042			<u>!-4034</u>			DO NO	T WRITE IN THIS	S SPACE	
						3. Date Incorporated or Q			
						04/08/1996			}
2. Principal Pl	ace of Business	2a. Mailing Address	-	-		4. FEI Number		App	olied For
21		26				65-0656895		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. =		-	· •	5. Certifcate of Status Des	ired 🔲	\$8.75 A	
22		27				5. Commodic of Charles 200			quired
City & State	е	City & State				6. Election Campaign Fina	1 1	\$5.00	
23		28				Trust Fund Contribution		Added to	Fees
Žip	Country	Zip	Country	'		8. This corporation owes t	he current year Ir		_No Ì
24	25		30			Personal Property Tax. 10. Name and Address of	New Registerer		
<u>-</u> .	9. Name and Address of Curren	t Registered Agent	81	Name		10. Italile and Address Vi	New Registerer	- Agoin	
DAN	iels, iris b							<u> </u>	
•	6 3RD AVE		82	Stree	t Addre	ss (P.O. Box Number is Not	Acceptable)		
	MERLAND KEY FL 33042		83	-			<u> </u>		
00111	MEND HE NE TO THE								
		•	84	City			Fi	85 Zip C	ode
agent. I a SIGNATURE	to the provisions of Sections 60/. View egistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or printed name of registered age	tions of, Section 607.0505, FIOR	Ga Statutes	5.		when reinstating) ADDITIONS/CHANGES	DATE		
12.		D DIRECTORS	13.		Ţ	ADDITIONS/CHANGES	TO OFFICERS F	Change	Addition
TITLE	PSTD		1.2 NAME		1			_ ,	_
NAME	DANIELS, IRIS B		1,3 STREE	TADDDES					
STREET ADDRESS					"				
CITY-ST-ZIP	SUMMERLAND KEY FL 33042-	DELETE	1.4 CITY-S 2.1 TITLE	11-ZIF	+		•	☐ Change	☐ Addition
TITLE	DIAVE MICHAEL D		2.2 NAME						.
NAME	BLAKE, MICHAEL P 21026 3RD AVENUE	» اورجانها جيما آنيا،	2.3 STREE	T ADDRES	ss		•	,	ĺ
STREET ADDRESS	SUMMERLAND KEY FL 33042-	4034	2. 4 CITY-		~				l
CITY-ST-ZIP TITLE	SOMINENEAUD KETTE SSE42	□ DELETE	3.1 TITLE	<u> </u>	_			☐ Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADORES	ss				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	1	<u> </u>			
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4, 2 NAME			•			
STREET ADDRESS			4.3 STREE	TADDRES	ss 8				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS	•		5.3 STREE		is	• _			
CITY-ST-ZIP	1000 19 18 18 18 18 18 18 18 18 18 18 18 18 18		5.4 CITY-5	ST-ZIP					
TITLE .	· · · ·	☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME ',	and the second		6.2 NAME						
OYDEET ADDDERS	l		6.3 STREE	TADDRES	SS				

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90105 010 ***150.00