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 # 576622

SHADES OF KEY WEST, INC.							ļ		
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Principal Place of Business Mailing Address							T (AGIOL ATER SOME BUSIN GISTE STATE SIDIL SIDI	DII DIBIA BABA DIBA	91911 1118 11 1 98 1
335 DUVALL ST 335 DUVAL ST									
KEY WEST FL 33040 KEY WEST FL 33040 US							DO NOT WOITE IN T	UP CDACE	
US	•		,	JS .			DO NOT WRITE IN TI 3. Date Incorporated or Qualified	HIS SPACE	· · · · · · · · · · · · · · · · · · ·
							06/22/1978		
2. Principal F	Place of Busi	ness	-	ta. Mailing Address			4. FEI Number		plied For
Suite, Apt.	4 oto		26	Suite, Apt. #, etc.			59-1822673		ot Applicable
22			27				5. Certificate of Status Desired	\$8.75 Fee Re	Additional equired
City & Sta	ite 1			City & State			6. Election Campaign Financing	\$5.00	May Be
23 Zin			28		0		Trust Fund Contribution	Added	to Fees
Zip .		Country		Zip	Country		8. This corporation owes the current year		
24	Q Name	25 and Address	29 of Current Reg		30		Personal Property Tax. 10. Name and Address of New Registers	☐ Yes	□No
			/,	isterou Agorii.	81	Name	10. Haine and Address of new Augusten	ag Whaur	
	SON, BARF				92	Ctinant And	CO. D. M. J. Sie Nei Assessation		
	DUVAL ST				82	Street Au	ddress (P.O. Box Number is Not Acceptable)		
KEY	WEST FL	33040			83				
					84	City	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
		,	,			City	F	L 85 Zip (
11. Pursuant	to the provis	sions of Section	ns 607.0502 and	607.1508, Florida Stat	utes, the above	e-named co	prporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its	registered
agent. I a	am familiar w	ith, and accept	the obligations	of, Section 607.0505, F	lorida Statutes.	ille corpora	якон в воли от опеского, т петеву лесерт те арг	pointment as re	gistered
SIGNATURE									
O.O.W.	Classica base	' name of a	· · · · · · · · · · · · · · · · · · ·	· · 700					
	Signature, typed		registered agent and titl			it signature requ	DATE ADDITIONS/CHANGES TO DESIDEDS	AND DIDECTO	De IN 49
12.	Signature, typed		registered agent and titl		TE: Registered Agent 13. 1.1 TITLE	it signature requ	olired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.		OFF		RECTORS	13.	it signature requ	**********		
12.	P YOEST, I	off Brian		RECTORS	13. 1.1 TITLE		**********		
12. TITLE NAME	P YOEST, I 335 DUV KEY WES	off Brian	ICERS AND DIF	RECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS	**********		
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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.

SIGNATURE:

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90029 009 ***150.00