

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 385557

1. Corporation Name

KEY WEST PERFUMES, INC.

Principal Place	of Business	Mailing Address						101 10101 BIIDI DII61 B	4114 1001 01611 U		Bil Bibil IBBI
524 FRONT ST		524 FRONT ST									
P O BOX 1079 KEY WEST FL (22041	P O BOX 1079 KEY WEST FL 33041				DO NOT WRITE IN THIS SPACE					
US		US				3. Date Incorporated or Qualifed					
							07/20/197	1	_		
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number			App	olied For
21		26				59-138016	35			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			ļ	5. Certifcate of	Status Desired		\$8.75 A		
22		27								<u> </u>	
City & State	9	City & State				6. Election Cam Trust Fund C			\$5.00 Added to		
Zip	Country	28	Cou	intrv			8. This corporat		rent year Int		
⊢ , ′	· ·		30	····a y			Personal Pro		rent year nit	Yes	□No
24	25 Name and Address of Current		30						Registered		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name											
FRANK N. ROMANO							en M. Cate				
	FRONT STREET		82	Street	Address (P.O. Box Number is Not Accept 1120 Johnson St.			able)			
	WEST FL 33040		83		112	o Johnson	ъс.				
				84	City	Kov	West,		FL	85 Zip C	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at					named	comor	ation cubmite this	statement for the	nurnose of	changing its	registered
11. Pursuant to the provisions of sections bot/ 1902 and 607. 1908, Florida Statutes, the above-limited corporation storing this strategy accept the appointment as registered of office or registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.									gistered		
agent. i ai	m ramiliar with, and accept the obligati	OHSOL SECULOUS VAIS, FIOR	iua otati				Cates		Anni 1	13 , 1 9	00
SIGNATURE	Signature, typed or printed name of pegistered agent	and title if applicable (NOTE.	Registered				vhen reinstating)		DATE	13 17	
12.	OFFICERS ANI		13.				ADDITIONS/C	HANGES TO OF	FICERS AN		RS IN 12
TITLE	ST	☐ DELETE	1.1 17	ſLΕ		Pre	sident			XX Change	☐ Addition
NAME	CATES, HELEN M.		1.2 N	AME							
STREET ADDRESS	1120 JOHNSON STREET		1.3 ST	REETA	NDDRE\$\$						
CITY-ST-ZIP	KEY WEST FL		1.4 CI	TY-ST-	ZIP						
TITLE	D XXDELETE 2.1		2.1 ∏	ne Cha		Cha	irman			☐ Change	XX Addition
NAME	JSZKA, JOSEPH R 22		2.2 N	AME	Æ Ric		chard M. Osborne				Ì
STREET ADDRESS	56 KEY HAVEN RD		2.3 S	REETA	ADDRESS	850	0 Station	St., Sui	te 113		
CITY-ST-ZIP	KEY WEST, FL 00000		2.4 C	ITY-ST	-ZIP	Men	tor, Oh	44060			
TITLE	√O XXDELETE 3.1		3.1 TI	TLE	^E နိုင္ငင္		retary/ Treasurer Smas J. Smith			Change	XX Addition
NAME	OCCIONEE SII, 110/11/2		3.2 N	950			00 Station St., Suite		±a 100	_	
STREET ADDRESS	*WATERSIDE **	• -	3.3 S1	TREET A	NODRESS			44060	LE 100		i
CITY-ST-ZIP	ADAMANT, VT 00000		34.C	ITY-ST	ZIP	men	tor, Oh	44000			
TITLE	CD .	DELETE	4.1 TI	TLE						☐ Change	☐ Addition I
NAME	ROMANO, FRANK N		4.2 N								
STREET ADDRESS	524 FRONT STREET		4.3 \$	TREET	ADDRESS						
CITY-ST-ZIP	KEY WEST, FL 00000			TY-ST-	ZIP					Chanca	[] Addition
TITLE		☐ DELETE	5.1 TY							Change	Addition
NAME			5.2 N								
STREET ADDRESS			1		ADDRESS						
CITY-ST-ZIP				TY-ST-	ZIP					Chanca	☐ Addition
TITLE		☐ DELETE	6.1 TI							☐ Change	[1] Yaqasan
NAME			6.2 N		LDDD=40	-					
CTDECT ADDRESS			■ b.3 S	RCE /	ADDRESS	1					

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

CITY-ST-ZIP

G OFFICER OR DIRECTOR

April 13, 1999

(305) 294-5592

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90002 037 ***450.00

Date

Daytime Phone #

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