

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 # 503002

1. Corporation Name
KEY WEST ALOE INC.

Principal Place of Business
524 FRONT STREET
P O BOX 1079
KEY WEST FL 33041-1079
US

Mailing Address
524 FRONT STREET
P O BOX 1079
KEY WEST FL 33041-1079
US

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

05-14-1999 90002 037 ***450.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1976

4. FEI Number

59-1712189

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

ROMANO, FRANK N.
524 FRONT ST.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
Helen M. Cates

82 Street Address (P.O. Box Number is Not Acceptable)
1120 Johnson St.

83

84 City
Key West

FL

85 Zip Code
33040

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 607.0505, Florida Statutes.

SIGNATURE

Helen M. Cates

Helen M. Cates

April 13, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CATES, HELEN M.
1120 JOHNSON STREET
KEY WEST FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LISZKA, JOSEPH R.
56 KEY HAVEN RD
KEY WEST, FL 00000

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ROMANO, FRANK N.
524 FRONT STREET
KEY WEST, FL 00000

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SUCHOMEL, FRANK A. JR.
WATERSIDE
ADAMANT, VT 00000

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

President

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Chairman

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Secretary/Treasurer

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Mentor, Ohio

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Helen M. Cates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1999 (305)294-5592

Date

Daytime Phone #

CR2E034 (11/98)