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**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	e of Business	Mailing Address						
524 FRONT STE	REET	524 FRONT STREET						
P O BOX 1079		P O BOX 1079			DO N	OT WOITE IN TH	IIC CDACE	
KEY WEST FL 33041-1079		KEY WEST FL 33041-1079			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
US		U\$				Quanieu		Į
					05/12/1976			-11-4 5
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			plied For
21		26			59-1712189		<del></del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status De	esired 🔲	\$8.75	
22		27					Fee Re	
City & State	e	City & State			<ol><li>Election Campaign Fit</li></ol>	- 11	\$5.00	, ,
23		28			Trust Fund Contribution	on	-Added 1	to Fees
Zip	Country	Zip	Country	y	<ol><li>This corporation owes</li></ol>	the current year		
24	25	29 30			Personal Property Tax	· · · · · · · · · · · · · · · · · · ·	Yes	No
	9. Name and Address of Current	Registered Agent			10. Name and Address	of New Register	ed Agent	
,			81	Name	Helen M. Cates			
ROMANO,FRANK N.		82 Stree		Street A	Address (P.O. Box Number is No	t Acceptable)		
524 FRONT ST.		,		1120 Johnson St.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
KEY	WEST FL 33040		83	Ĭ .				
				_				
			84	1	Key West	F		40
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	comoration submits this statemer	nt for the purpose	of changing its	registered
office or a	egistered agent, or both, in the State of maniliar with and accept the obligation	of Florida. Such change was auth ims of Section 607 0505. Florida	iorized by a Statute:	/ the corpo s.	ration's board of directors. There	by accept the ap	politiment as re	gistered
	144 / 6	a. te			M. Cates	April	13, 199	9
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re			equired when reinstating)	DATE		<u>-</u>
12. OFFICERS AND DE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	S TO OFFICERS	AND DIRECTO	ORS IN 12
12.			13. 1.1 TITLE			S TO OFFICERS	AND DIRECTO	DRS IN 12
TITLE	ST	DIRECTORS			ADDITIONS/CHANGES President	S TO OFFICERS	AND DIRECTO	
TITLE NAME	ST CATES, HELEN M.	DIRECTORS	1.1 TITLE 1.2 NAME	T ADDRESS		S TO OFFICERS	AND DIRECTO	
TITLE NAME STREET ADDRESS	ST CATES, HELEN M. 1120 JOHNSON STREET	DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS		S TO OFFICERS	AND DIRECTO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	st Cates, Helen M. 1120 Johnson Street Key West Fl	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1		President	S TO OFFICERS	AND DIRECTO	☐ Addition
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TITLE . NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST CATES, HELEN M. 1120 JOHNSON STREET KEY WEST FL PD LISZKA, JOSEPH R. 56 KEY HAVEN RD	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE	ST-ZIP	President  Chairman  Richard M. Osbor 8500 Station St.	ne , Suite l	Change	☐ Addition
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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:

April 13, 1999 (305) 294–5592

Bignature And Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CITY-ST-ZIP