

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90001 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F12581

1. Corporation Name

CAN'T MISS OF KEY WEST, INC.



Principal Place of Business

Mailing Address

905 16TH TERRACE
 PO BOX 2042
 KEY WEST FL 33045

905 16TH TERRACE
 PO BOX 2042
 KEY WEST FL 33045

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1980

4. FEI Number

59-2054904

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, HUGH J
317 WHITEHEAD STREET
KEY WEST FL 33040

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE

NAME **BLACKWELL, JOHN F., III**

STREET ADDRESS **905-16TH TERRACE**

CITY-ST-ZIP **KEY WEST FL**

TITLE **VST** DELETE

NAME **BLACKWELL, CAROL**

STREET ADDRESS **905-16TH TERRACE**

CITY-ST-ZIP **KEY WEST FL**

TITLE DELETE

NAME DELETE

STREET ADDRESS DELETE

CITY-ST-ZIP DELETE

TITLE DELETE

NAME DELETE

STREET ADDRESS DELETE

CITY-ST-ZIP DELETE

TITLE DELETE

NAME DELETE

STREET ADDRESS DELETE

CITY-ST-ZIP DELETE

1.1 TITLE Change Addition

1.2 NAME Change Addition

1.3 STREET ADDRESS Change Addition

1.4 CITY-ST-ZIP Change Addition

2.1 TITLE Change Addition

2.2 NAME Change Addition

2.3 STREET ADDRESS Change Addition

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

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.

SIGNATURE:

John F. Blackwell III *John F. Blackwell III* 8/2/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

F12581
605834-9000-11



**OROPEZA
& PARKS**
Certified Public Accountants

815 Peacock Plaza
Key West, Florida 33040
305.294.1049 / 305.294.1040
Fax: 305.294.3951

Scott G. Oropeza, C.P.A., P.A.
John G. Parks, Jr., C.P.A., P.A.

August 10, 1999

VIA CERTIFIED MAIL Z 375 485 471

Florida Department of State
Division of Corporation
Annual Reports Filing
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Can't Miss of Key West, Inc.
Annual Report
ID No.: 59-2054904

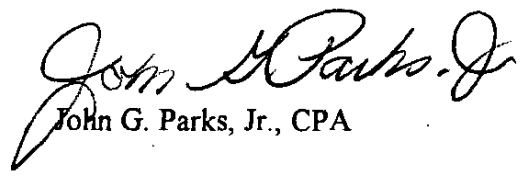
Our client, Can't Miss of Key West, Inc., has requested our office to respond to your second notice for the 1999 Profit Corporation Annual Report. The return is being filed late due to the fact that our client never received the first notice.

Enclosed is a check for \$150, the payment which is the amount due if filed on or before May 1, 1999. We would appreciate it if you would abate the penalty due to reasonable cause, since he did not receive the first notice. It should be noted that this return has been filed on a timely basis since 12/23/80 (date of incorporation). Also, enclosed is a copy of the cover page which shows address temporarily changed.

Thank you for your consideration and should you have any questions, please contact me.

Yours truly,

OROPEZA & PARKS
Certified Public Accountants


John G. Parks, Jr., CPA

JGP/mad

cc: Can't Miss of Key West, Inc. w/enclosures
Enclosures