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 # G20490

1. Corporation Name

KEY WEST RENOVATIONS, INC.

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90035 015 ***150.00



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·	ce of Business	Mailing Address			•
1126 WASHING		1126 Washington C/O Daniel Drum			
C/O DANIEL DRUM C/O DANIEL DRUM KEY WEST FL 33040 KEY WEST FL 33040			DO NOT WRITE IN THIS SPACE		
	18 alex Person	/		3. Date Incorporated or Qualifed 01/26/1983	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	AME 17/21KU	Was 340/15		59-2261200	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing \$5.00 May Be		
23	7068 FC	28		Trust Fund Contribution	Added to Fees
□ Zip z ≠	Country	Zip	Country	This corporation owes the current year I Personal Property Tax.	ntangible □Yes □No
24 > 5	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	
	s. Name and Address of Curren	It Kegisteren Agent	81 Name		
DRU	um, daniel p.			(0.0.0)	
1126 WASHINGTON			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	Y WEST FL 33040		83		
			84 City	F	85 Zip Code
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change was auth tions of, Section 607.0505, Florid	horized by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	· Samol O	deren 1	TROUNDED!		15-17
42	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R ID DIRECTORS	tegistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS /	ND DIRECTORS IN 12
12. TITLE	DP () () () ()		1.1 TITLE		☐ Change ☐ Additio
NAME	DRUM, DANIEL P	·· —	1.2 NAME		
STREET ADDRESS	AGAG TOURAND		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 00000		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TTLE		☐ Change ☐ Additio
NAME			2.2 NAME		
STREET ADDRESS	s		2.3 STREET ADDRESS		
CITY-ST-ZiP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Additio
NAME			3.2 NAME		ستنادين والمنافق المنافق المنا
_STREET ADDRESS	s	Salar Carlos Anno	3.3 STREET ADDRESS	•	
CITY-ST-ZIP		·	3.4. CITY-ST-ZIP		Channe Manager
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additio
NAME			4. 2 NAME		
STREET ADDRESS	s		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Address of the second s	Channe Children
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	s		5.3 STREET ADDRESS		
CITY-ST-ZIP	. [5.4 CITY+ST-ZIP		
THE KINDS		and the contract of the second		The man of the state of the sta	Shir Change Street Address
		Delete.	6.htmle@sylenge.no		Change → T Additio
NAME		☐ DELETE	61 NAME		
NAME 2 STREET ADDRESS	s	□.oelete	6 1000 600 533 84 13 mms		

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 organ attachment with an address, with all other like empowered.

SIGNATURE: