

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # H27866 (3)**  
 1. Corporation Name  
**THE SHARK OF KEY WEST, INCORPORATED**



Principal Place of Business: **161 KEY HAVEN RD. KEY WEST FL 33040**  
 Mailing Address: **161 KEY HAVEN RD. KEY WEST FL 33040-6212**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/30/1984	04/30/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2453370	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
ALLEN, JOSEPH B. III 617 WHITEHEAD ST KEY WEST FL 33040				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when in strongest) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WICKERS, WILLIAM O., JR		1.2 NAME				
STREET ADDRESS	161 KEY HAVEN RD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	VST	<input type="checkbox"/> DELETE	2.1 TITLE				
NAME	WICKERS, LINDA W.		2.2 NAME				
STREET ADDRESS	161 KEY HAVEN RD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

14. I do 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 \_\_\_\_\_

CR2E034 (9/96)