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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

H27866

(3)

THE SHARK OF KEY WEST, INCORPORATED

Principal Place of Business

Mailing Address

FILED Apr 15 1998 8:00am Secretary of State



KEY WE	' HAYEN RD. St Fl 33040	161 KEY HAVI KEY WEST FL	. 33040		DO NOT WRITE IN TH 3. Date incorporated or Qualified 10/30/1984	IS SPACE	
2. Principa	l Place of Business	2a. Mailing Addr	ess		4. FEI Number 59-2453370	Applied Fo	
	pt. #, etc.	Suite, Apt. #,	etc.			\$8.75 Additions	
22		27			5. Certificate of Status Desired	Fee Required	·
City & S		City & State	- <u></u>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip	30 Co.	intry	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible	!
	9. Name and Address of Curre			[10. Name and Address of New Registers		
	ALLEN, JOSEPH B. III			81 Name			
	617 WHITEHEAD ST			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	KEY WEST FL 33040			83	(in the state of the sta		
				84 City	F	85 Zip Code	
11. Pursua office o agent.	int to the provisions of Sections 607.05 or registered agent, or both, in the Stal I am familiar with, and accept the obli	02 and 607.1508, Florid te of Florida. Such chan gations of, Section 607.	la Statutes, the a ge was authorize 0505, Florida Sta	bove-named cord d by the corpora lutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its register	ered
SIGNATUR	E Signature typod or printed name of registered a	gest and uto il applicable.	(NOTE: Registere	d Agent signature requ	uired when reinstating) DAT		—
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		2
TITLE	OP	DE	LETE 1.1 TI	TLE		Change 🔲 Add	Idition
NAME	WICKERS, WILLIAM O., JF		12 N	AME .			
STREET ADDRES			1.3 \$	TREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL			TY-ST-ZIP			
TITLE	VST	[_] DE		1		∐ Change ☐ Add	Idition
NAME	WICKERS, LINDA W.		2.2 N				
STREET ADDRES	s 161 KEY HAVEN RD. KEY WEST FL			IREFT ADDRESS			
CITY-ST-ZIP	KET WEST FL	DE		TY-ST-ZIP		Change Add	Idition
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CITY-ST-ZIP				TY-ST-ZIP			
TITLE		∐ DE				Change Add	idition
NAME			6.2 N	ME			
STREET ADDRES	ss			REET ADDRESS			
CITY - ST - ZIP	1		640	TY-ST-ZIP			

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.