## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # J33934

1. Corporation Name

(7)

GIRL	FRIDAY OF THE FLORIDA	A KEYS, INC.	÷		
Principal Place	e of Business	Mailing Address			O 11211 0101 01011 01017 01011 01011 01011 01011 1001
501 WHITEHEAD STREET 501 WHITEHEAD STREE KEY WEST FL 33040 KEY WEST FL 33040			ET		
				3. Date Incorporated or Qualifie	d 3a. Date of Last Report
				09/18/1986	02/07/1995
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 59-2758927	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		38-2730921	Not Applicable \$8.75 Additional
22	• • • • • • • • • • • • • • • • • • • •	27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	1 0	28		Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Zıp <b>29</b>	Country 30	1	or intangible tax under s 199.032, es \( \subseteq No \)
	9. Name and Address of Curre		30	10. Name and Address of Nev	<del>-</del>
			B1 Name		
ZIGLER, DONNA M 501 WHITEHEAD STREET KEY WEST FL 33040				Ronald A. Barker Address (P.O. Box Number is Not Accep 3 Arbutus Drive	lable)
			84 City		FL 85 Zip Code 33040
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Fibrida Statutes	the above parried or	Key West,	FL 33040
or register	red agent, or both, in the State of Flo	rida. Such change was authorized	Hoy the corporation's	rporation submits this statement for the board of directors. I hereby accept the a	ppointment as registered agent. I am
SIGNATURE			nald A. I	R. Ka	4-25-96
SIGNATURE	Signature, typed or printed name of registured age	int and title if applicable. (NOTE	: Registered Agont signature re	quired when reinstating	
12.		ND DIRECTORS	13.		FFICERS AND DIRECTORS IN 12
TITLE	PST HOME I	☐ DELETE	1. 1 TITLE	D	FFICERS AND DIRECTORS IN 12 Change Addition
NAME	HOBBS, THOMAS H. 501 WHITEHEAD ST		1.2 NAME	Ronald A. Barker	2
STREET ADDRESS	KEY WEST FL		1.3 STREET ADDRESS	3 Arbutus Drive	این
TITLE	VP	DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE	Key West, FL 330	Change Addition
NAME	HOBBS, ALICE B.		2.2 NAME		
STREET ADDRESS	501 WHITEHEAD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP		
TITLE	M	<b>▼</b> DELETE	3. 1 TITLE		Change Addition
NAME	ZIGLER, DONNA M		3.2 NAME		
STREET ADDRESS	501 WHITEHEAD ST.		3.3. STREET ADDRESS		
CITY - ST - 2IP	KEY WEST FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		·
CITY+S1+ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP		F) thiere	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		Ì
CITY-ST-ZIP	1		6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes. I further certify that the information indicated on this agreed 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 opporation 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 charged, or in an attachment with an address.

SIGNATURE:

A JURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Konald A. Banker 4-25-96 305-295-0580
DARECTOR Delta D