

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J57775 (5)
1. Corporation Name
KEY WEST FESTIVALS, INC.



Principal Place of Business 812 SOUTHARD STREET ROOM #14 KEY WEST FL 33040 US	Mailing Address PO BOX 4045 KEY WEST FL 33041 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 907 WHITEHEAD ST Suite, Apt. #, etc. 22 City & State 23 KEY WEST FL. Zip 24 33040 Country 25 U.S.	2a. Mailing Address 26 907 WHITEHEAD ST Suite, Apt. #, etc. 27 City & State 28 KEY WEST FL. Zip 29 33040 Country 30 U.S.	3. Date Incorporated or Qualified 02/16/1987 4. FEI Number 59-2801033 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	3a. Date of Last Report 06/21/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May be Added to Fees
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9. Name and Address of Current Registered Agent WHALTON, MICHAEL J. RT 1 BOX 510 W BIG PINE KEY FL 33043	10. Name and Address of New Registered Agent 81 Name MICHAEL A. MORAWSKI 82 Street Address (P.O. Box Number is Not Acceptable) 907 WHITEHEAD ST 83 84 City KEY WEST FL 85 Zip Code 33040
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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: Michael A. Morawski. 9/8/97
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 NAME STREET ADDRESS CITY-ST-ZIP DPS WHALTON, MICHAEL J. RT 1 BOX 510 W BIG PINE KEY FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PRESIDENT MORAWSKI, MICHAEL 22843 BLUE BELL LN SUMMERLAND Key FL. 33042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP D MORAWNSKI, SHAWN 309 LOUISA ST KEY WEST FL. 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP D ROBARDS, SYLVIA 433 BARRY AVE SUMMERLAND Key FL. 33042 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: Michael A. Morawski. MICHAEL A. MORAWSKI 9/25/97

CR2E034 (4/97)