## 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

1. Corporation	MENT # <b>J5829</b> AR, INCORPORATED	6 (1)				
Principal Place	of Business	Mailing Address				i
PO BOX 6044 KEY WEST FL 33041-7110		PO BOX 6044 KEY WEST FL 33041-7110			DO NOT WRITE IN THIS SPACE	
US		U\$			3. Date Incorporated or Qualified 02/23/1967	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		[26]			59-2768181   Not Applicat	ole
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired Section Section 5. Sec	
City & State		City & State			Election Campaign Financing     \$5.00 May Be	$\dashv$
23		28			Trust Fund Contribution Added to Fees	
Zip 24	Country   Zip		Country 30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes	
	9, Name and Address of Currer	nt Registered Agent		1 4	10. Name and Address of New Registered Agent	
	ETTIG, RICHARD		81	Name		
	206 DUVAL STREET EY WEST FL 33040		82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
N	E1 WES1 FL 33040		83	3		┪
			84	City	FL 85 Zip Code	$\dashv$
11. Pursuant I office or re agent. I a SIGNATURE	W/ IWG	161 CHARD	RET.	16	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered as registered when reinstating)	- I
12.		on not trice applicable (NOTE ID DIRECTORS	13.	en agnatore rector	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<b> </b>
TITLE	PSDT	DELETE	1.1 TITLE		Change Additi	ion
NAME	RETTIG, RICHARD		1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS	1206 DUVAL STREET					
CITY-ST-ZIP	KEY WEST FL	DELFTE	1.4 City-St-ZiP 2.1 Title		Change Additi	ion
TITLE NAME	WHITWORTH, KERRY D.	p.c.c.	22 NAME 2.3 STREET ADDRESS		Li di	
STREET ADDRESS	1206 DUVAL STREET					
CITY-ST-ZIP	KEY WEST FL		2 4 CITY-ST-ZIP			
TITLE		DELETE	3 1 TITLE		Change Additi	ion
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-SI-ZIP		DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Additi	ion
TITLE NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addit	ion
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			- 1
CITY+ST-ZIP		Doute	5.4 CITY-ST-ZIP		Change Addit	ion
TITLE		LJ DELETE	61 TITLE		ت ماهای کی ماهان	·V"
NAME			6.2 NAME	T ADDRESS		
STREET ADDRESS			6.4 CITY-			
14. I hereby of	certify that the information supplied v	with this filing does not qualify fo	or the exemi	otion stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the information ure shall have the same legal effect as if made under oath; that I am an	on

aminarreport is true and accurate and that my signature shall have the same legal effect as it made under dath; that I am a yer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Inhent with an address.

**FILED** 

Mar 19 1998 8:00am

Secretary of State