FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J95615** **(7)**

1. Corporation Name
BIAMONTE'S OF KEY WEST, INC.

Principal Place of Business	Mailing Address
1223 WHITE ST. KEY WEST FL 33040	1223 WHITE ST. KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1987
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business	2a. Mailing Address
21 1223 WHITE ST	26 1223 WHITE ST
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: KEY WEST FL	28 City & State: KEY WEST FL
24 Zip: 33040 25 Country: USA MONROE CTY	29 Zip: 33040 30 Country: USA

4. FEI Number: 65-0007027 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SANDS, MERRELL F. III
910 GRINELL ST
KEY WEST FL 33040

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: DANIELS, B. IRIS VS X Iris B. Daniels 4/10/95
(Print or type name of person signing) (Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PTD	11 TITLE: PT	☐ Change ☑ Addition
12 NAME	DANIELS, DOROTHY GREY	12 NAME: Tommy L DANIELS	
13 STREET ADDRESS	1223 WHITE ST.	13 STREET ADDRESS: 21026 3RD AVE	
14 CITY ST ZIP	KEY WEST FL	14 CITY ST ZIP: Summerland Key FL 33042	
21 TITLE	S	21 TITLE: VS	☒ Change ☐ Addition
22 NAME	DANIELS, IRIS B	22 NAME: Iris B DANIELS	
23 STREET ADDRESS	4 THIRD AVE	23 STREET ADDRESS: 21026 3RD AVE	
24 CITY ST ZIP	SUMMERLAND KEY FL 33042	24 CITY ST ZIP: Summerland Key F 33042	
31 TITLE		31 TITLE: Retired 2-1-95	☒ Change ☐ Addition
32 NAME		32 NAME: Dorothy B Daniels	
33 STREET ADDRESS		33 STREET ADDRESS: 1223 White St	
34 CITY ST ZIP		34 CITY ST ZIP: Key West, FL 33040	
41 TITLE		41 TITLE:	☐ Change ☐ Addition
42 NAME		42 NAME:	
43 STREET ADDRESS		43 STREET ADDRESS:	
44 CITY ST ZIP		44 CITY ST ZIP:	
51 TITLE		51 TITLE:	☐ Change ☐ Addition
52 NAME		52 NAME:	
53 STREET ADDRESS		53 STREET ADDRESS:	
54 CITY ST ZIP		54 CITY ST ZIP:	
61 TITLE		61 TITLE: SP 6/19	☐ Change ☐ Addition
62 NAME		62 NAME:	
63 STREET ADDRESS		63 STREET ADDRESS:	
64 CITY ST ZIP		64 CITY ST ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: Iris B. Daniels 5/6/95 2052962000
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0100383 CP