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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K89097

(5)

FLORIDA KEYS QUILTERS, INC.

Principal Place	e of Business	Mailing Address	Mailing Address			FACIL DADIA DADIA DADIA DADIA	MAH IJII
PO BOX 1251 KEY LARGO FL 33037		PO BOX 1251 KEY LARGO FL 33037-1251					
					3. Date Incorporated or Qualified 05/22/1989	3a. Date of Last Report 07/26/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	A	pplied For
21 Sula Act # sta		[26]			65-0145318	<del></del>	ot Applicable
Suite, Apt #, etc 22		Suite Apt. #. etc.			5. Certificate of Status Desired		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		to Fees
Zip	Country	···· \		ry	8. This corporation has liability for i		s. 199.032,
24	25 9. Name and Address of Curren	ere er elegazione la companya de la	30]	··· ·· · · · · · · · · · · · · · · · ·	Florida Statutes  10. Name and Address of New Re	Yes 0	
CAL		it negisteren Agent	8	1 Name			
SAMPLE MARY ELLEN 65 JEWFISH AVE			_	Ja	mple, Mary El	/en	
KEY LARGO FL 33037			8	Z Street Add	ress (P.O. Box Number is Not Acceptable Marina AVE	10)	
ILLI GRINO I L COODI			8	3			
			8	4 City .		<b> 85</b> Zip	Code
	1. ( 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			"Ke	y Lavgo	FL   "   3 3	Code 3037
<ol> <li>Pursuant to office or re</li> </ol>	to the provisions of Sections 607 050 egistered agent, or both, in the State	)2 and 607.1508. Florida Statute Fol Florida. Such change was au	s, the about othorized		poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing i	ts registered registered
agent. Lai	m familiar with, and accept the obligi	ations of, Section 607 0505, Flor	ida Statut	es.			
SIGNATURE	Mary Eller)	Sample,	Recorded A	asure	v (Mary Ellen Sample ired when reinstalling)	) /- 9 -	-97_
12.	OFFICERS AN		13.	ger i algustare region	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	DV	☐ DELETE	1 1 TITLE			☐ Change	☐ Addition
NAME	BALAZS, SUE		1.2 NAM	E			
STREET ADDRESS	8020 S W 138TH PLACE		1.3 STRE	et address			
CITY - \$1 - ZIP	MIAMI FL	T-DELETE	1.4 CITY			105	0.2400-
TITLE NAME	DS Carlson, Therese		2.1 TITLE 2.2 NAM			Change	Addition
STREET ADDRESS	48 TRANSYLVANIA AVE			ET ADDRESS			
CITY - S1 - ZIP	KEY LARGO FL			-ST-ZIP			
TITLE	DP	DELETE	3 1 TITLE			☐ Change	Addition
NAME	MEIGHAN, JANE		3 2 NAM	E			
STREET ADDRESS	526 SOUND DRIVE		3.3 STRE	ET ADDRESS			
CITY - ST - ZIP	KEY LARGO FL	Francis	3.4 City			Description of the second	The second
TIDLE	DT CAMPIE MARY E	L) DELETE	4.1 TITLE	į.		Change	Addition
NAME STREET ADDRESS	SAMPLE, MARY E 65 JEWFISH AVE.		4 2 NAM	ET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL		4.3 STRE	Ī			
THE	INDY LEWING IL	DELETE	5 1 TITLE			Change	Addition
NAME			5.2 NAM	-		_ "	: :
STREET ADDRESS			5 3 STRE	ET ADDRESS			
CITY - ST - ZIP			5.4 CITY	- ST - ZIP			
TITLE		DELETE	6 1 TITLE	1		☐ Change	Addition
NAME			62 NAM				
STREET ADDRESS				ET ADDRESS			
14. I do heret	by certify that the information supplier	d with this filling does not qualify	for the ex		d in Section 119.07(3)(i) Florida Statuta	I further certify that	the
14. I do hereby certify that the information supplied with this filting 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 this 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 13.4 changed, or on an attachment with an address.							

Mary Ellen Sample, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY Ellen Sample

**FILED** 

Jan 16 1997 8:00am

Secretary of State