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

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # **K99171**   **(6)**

1. Corporation Name
KEY WEST GIFT SHOPS, INC.

Principal Place of Business	Mailing Address
402 DUVAL ST. KEY WEST FL 33040	402 DUVAL ST. KEY WEST FL 33040-6551

3. Date Incorporated or Qualified	3a. Date of Last Report
06/29/1989	02/13/1996

4. FEI Number	Applied For
65-0127994	Not Applicable

2. Principal Place of Business

21	

Suite, Apt. #, etc.

22	

City & State

23	

Zip	Country
24	25

2a. Mailing Address

26	

Suite, Apt. #, etc.

27	

City & State

28	

Zip	Country
29	30

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

COHEN, ZADOK
402 DUVAL 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 _____
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	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARAZANY, EYAL		1.2 NAME	
STREET ADDRESS	402 DUVAL ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, ZADOK		2.2 NAME	
STREET ADDRESS	402 DUVAL ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-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			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.