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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1997		Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
1. Corporatio		\ /						
WHITEH	iead street pottery.	i INC.				I HARIKANI ANI BANIA (SAIA MANA ARIYA BANIA BINI	8(84 8 16)) 818)) 818)) 8184	LIBII III
Principal Place of Business Mailing Address								
C/O TIMOTHY 1011 WHITEHE KEY WEST FL	AD STREET	1011 WHITEHEAD STREE	C/O TIMOTHY J. ROEDER 1011 WHITEHEAD STREET KEY WEST FL 33040-7522					
		•				3. Date Incorporated or Qualified 08/15/1989	3a. Date of Last R 02/02/1996	eport
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 65-0172144		oplied For of Applicable
Suite, Apt	#, esc	Suile, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75 / Fee Re	Additional
City & Stat	0	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23 Zip	Country	[28]	Co	untry		Trust Fund Contribution 8. This corporation has liability for it	Added t intangible tax under s	
24	25 9. Name and Address of Cu	29 29 Anent	30	т		Florida Statutes 10. Name and Address of New Re	Yes No	
ROF	EDER, TIMOTHY J.	Tront rogistered Agent		81	Name	10. Name and Addition of the file	gioral po Pigorit	
1011 WHITEHEAD STREET					Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
KEY WEST FL 33040						1000 (1.0), DOX HABINDOI TO HOC PLOOPING		
				83				
					City	······	FL 85 Zip (Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statu	ites, the a	pove-t	named corp	poration submits this statement for the ption's board of directors. I hereby accept		s registered
office or i agerit. La	registered agent, or both, in the S am famil ar will), and accept the c	State of Florida. Such change was obligations of, Section 607.0505, F	authorize Iorida Sta	ed by ti itules.	ne corpora	tion's board of directors. I hereby accep	ot the appointment as	registered
SIGNATURE	Signature typed or print dinamo of registers						DATE	
12.		S AND DIRECTORS	13.	ea Agent	eignature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE		IS IN 12
TITLE	\$0	DELETE	1.11	ITLE			Change	Addition
NAME	ROEDER, TIMOTHY J.		1.2 N	IAME				
STHEET ADDRESS	1011 WHITEHEAD ST.		1.3 \$	TREET AC	DRESS			ļ
CITY-ST-Zit	KEY WEST FL	- DELETE		CITY-ST-	ZIP		По	The state of
TILLE	PD PEARSON, CHARLES	DELETE	211		- {		Change	Addition
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NAME	ROEDER, TIMOTHY J.		3.2 4	IAME				
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C-Fr-S1-7iff	KEY WEST FL			CITY-ST-	ZIP			
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HILF		☐ DELETE	611	ITLE			Change	Addition
NAME				IAME	. 1			ļ
STREET ADDRESS				STREET AL	- 1			1
CITY . ST . 200			E 647	-T2 . VIII	no i			

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

SIGNATURE: -

305-294-5067

FILED

Mar 07 1997 8:00am