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 AM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L67441** **(0)**

1. Corporation Name
SHARK KEY CUSTOM HOMES & GARDENS, INC.

Principal Place of Business	Mailing Address
SALES CNTR SHARK KEY KEY WEST FL 33040	SALES CNTR SHARK KEY KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1990**
3a. Date of Last Report: **02/11/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **65-0206976** ☐ 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 or intangible tax under § 199.032, Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FINCH, ANNE
SALES CNTR
SHARK KEY
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 Section 607.0501 and 607.1908, 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. The 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Y,T)
TITLE	PTD	TITLE ☐ Change ☐ Addition
NAME	FINCH, ANNE	1. NAME
STREET ADDRESS	SALES CNTR, SHARK KEY	2. STREET ADDRESS
CITY-ST-ZIP	KEY WEST FL	3. CITY-ST-ZIP
TITLE	VPS	TITLE ☐ Change ☐ Addition
NAME	HALPERN, MICHELLE	1. NAME
STREET ADDRESS	SALES CNTR, SHARK KEY	2. STREET ADDRESS
CITY-ST-ZIP	KEY WEST FL	3. CITY-ST-ZIP
TITLE	D	TITLE ☐ Change ☐ Addition
NAME	HALPERN, MICHELLE	1. NAME
STREET ADDRESS	SALES CNTR, SHARK KEY	2. STREET ADDRESS
CITY-ST-ZIP	KEY WEST FL	3. CITY-ST-ZIP
TITLE		TITLE ☐ Change ☐ Addition
NAME		1. NAME
STREET ADDRESS		2. STREET ADDRESS
CITY-ST-ZIP		3. CITY-ST-ZIP
TITLE		TITLE ☐ Change ☐ Addition
NAME		1. NAME
STREET ADDRESS		2. STREET ADDRESS
CITY-ST-ZIP		3. CITY-ST-ZIP
TITLE		TITLE ☐ Change ☐ Addition
NAME		1. NAME
STREET ADDRESS		2. STREET ADDRESS
CITY-ST-ZIP		3. CITY-ST-ZIP

14. I/We hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I/We 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 1, or Block 11 changed, or on an attachment with an address.

SIGNATURE: Anne Finch Pres — 4/28/95 — 305 296 0760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0424002 FP