

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90199 026 \*\*\*\*61.25

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DOCUMENT # **N50832**

Corporation Name

**FLORIDA KEYS RENAISSANCE FAIRE, INC.**

Principal Place of Business

**303 OVERSEAS HIGHWAY  
MARATHON FL 33050**

Mailing Address

**P O BOX 504306  
MARATHON FL 33050  
US**

6 1 614257 - 90010 - 6 7 \*



|  |  |                     |  |  |  |
|--|--|---------------------|--|--|--|
| Principal Place of Business                                    |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |  | 09/14/1992   |  |
| City & State   |  | City & State        |  | 4. FEI Number  |  |
| Zip  |  | Zip                 |  | 65-0313250   |  |
| Country  |  | Country             |  | Applied For  |  |
| 25   |  | 29                  |  | Not Applicable   |  |
| 9. Name and Address of Current Registered Agent                |  |                     |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| KIRWAN, DAVID P.<br>6803 OVERSEAS HIGHWAY<br>MARATHON FL 33050 |  |                     |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |  |
| 10. Name and Address of New Registered Agent                   |  |                     |  | Trust Fund Contribution <input type="checkbox"/>   |  |
| 81 Name  |  |                     |  | 85 Zip Code  |  |
| 82 Street Address (P.O. Box Number is Not Acceptable)          |  |                     |  | FL   |  |
| 83   |  |                     |  |  |  |
| 84 City  |  |                     |  |  |  |

I. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

| SIGNATURE                 |      | Signature, typed or printed name of registered agent and title if applicable. |  | (NOTE: Registered Agent signature required when reinstating) |  | DATE  |  |
|---------------------------|------|---|--|--|--|---|--|
| 2. OFFICERS AND DIRECTORS |      |   |  |  |  |   |  |
| FILE                      | P    | STAYDUHAR, ROSEMARY   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| ME                        |      | 131 ORANGE AVE  |  | 1.1 TITLE  |  |   |  |
| REET ADDRESS              |      | MARATHON FL   |  | 1.2 NAME   |  |   |  |
| Y-ST-ZIP                  |      |   |  | 1.3 STREET ADDRESS   |  |   |  |
| FILE                      | S    | STAYDUHAR, JOSEPH R.  |  | 1.4 CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| ME                        |      | 131 ORANGE AVE  |  | 2.1 TITLE  |  |   |  |
| REET ADDRESS              |      | MARATHON FL   |  | 2.2 NAME   |  |   |  |
| Y-ST-ZIP                  |      |   |  | 2.3 STREET ADDRESS   |  |   |  |
| FILE                      | D    | LANGNER, PAULA  |  | 2.4 CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| ME                        |      | 29 CHARLES ST   |  | 3.1 TITLE  |  |   |  |
| REET ADDRESS              |      | DANVERS MA  |  | 3.2 NAME   |  |   |  |
| Y-ST-ZIP                  |      |   |  | 3.3 STREET ADDRESS   |  |   |  |
| FILE                      | D    | MICKEY, WILLIAM   |  | 3.4 CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| ME                        |      | 2026 HARBOR DR  |  | 4.1 TITLE  |  |   |  |
| REET ADDRESS              |      | MARATHON FL   |  | 4.2 NAME   |  |   |  |
| Y-ST-ZIP                  |      |   |  | 4.3 STREET ADDRESS   |  |   |  |
| FILE                      | T/D  | PULIS, JOANNE   |  | 4.4 CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| ME                        |      | 171 ORANGE AVE  |  | 5.1 TITLE  |  |   |  |
| REET ADDRESS              |      | MARATHON FL   |  | 5.2 NAME   |  |   |  |
| Y-ST-ZIP                  |      |   |  | 5.3 STREET ADDRESS   |  |   |  |
| FILE                      | VP/D | MAYBEE, TERESA  |  | 5.4 CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| ME                        |      | 5400 WASHINGTON RD  |  | 6.1 TITLE  |  |   |  |
| REET ADDRESS              |      | DELRAY BCH FL   |  | 6.2 NAME   |  |   |  |
| Y-ST-ZIP                  |      |   |  | 6.3 STREET ADDRESS   |  |   |  |
|                           |      |   |  | 6.4 CITY-ST-ZIP  |  |   |  |

I. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosemary Stayduhar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/99 (305) 743-4386  
Date Daytime Phone #

CR2E037 (5/99)