

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).

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

0002724

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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

DOCUMENT # N50832

Corporation Name  
**FLORIDA KEYS RENAISSANCE FAIRE, INC.**

6 1 4 2 5 7  
 614257 - 90010 - 6

Principal Place of Business  
 303 OVERSEAS HIGHWAY  
 MARATHON FL 33050

Mailing Address  
 P O BOX 504306  
 MARATHON FL 33050  
 US



1. 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 65-0313250
Zip	Country	Applied For Not Applicable
25	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KIRWAN, DAVID P. 6803 OVERSEAS HIGHWAY MARATHON FL 33050	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAYDUHAR, ROSEMARY	1.2 NAME	
REET ADDRESS	131 ORANGE AVE	1.3 STREET ADDRESS	
Y-ST-ZIP	MARATHON FL	1.4 CITY-ST-ZIP	
FILE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAYDUHAR, JOSEPH R.	2.2 NAME	
REET ADDRESS	131 ORANGE AVE	2.3 STREET ADDRESS	
Y-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	
FILE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGNER, PAULA	3.2 NAME	
REET ADDRESS	29 CHARLES ST	3.3 STREET ADDRESS	
Y-ST-ZIP	DANVERS MA	3.4 CITY-ST-ZIP	
FILE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICKEY, WILLIAM	4.2 NAME	
REET ADDRESS	2026 HARBOR DR	4.3 STREET ADDRESS	
Y-ST-ZIP	MARATHON FL	4.4 CITY-ST-ZIP	
FILE	T/D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULIS, JOANNE	5.2 NAME	
REET ADDRESS	171 ORANGE AVE	5.3 STREET ADDRESS	
Y-ST-ZIP	MARATHON FL	5.4 CITY-ST-ZIP	
FILE	VP/D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYBEE, TERESA	6.2 NAME	
REET ADDRESS	5400 WASHINGTON RD	6.3 STREET ADDRESS	
Y-ST-ZIP	DELRAY BCH FL	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 Date: 9/6/99 Daytime Phone #: (305) 743-4386

CR2E037 (5/99)