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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

US

21

22

23

24

Zip

CITY-ST-ZIP

Block 12 or Block 13 if change



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000018086 (7)

KEY WEST SPICE COMPANY, INC.

Country

CHADROFF, TERMINELLO & TERMINELLO

g, Name and Address of Current Registered Agent

25

TERMINELLO, LOUIS J ESQ.

2700 S.W. 37TH AVE.

MIAMI FL 33143

Principal Place of Business	Mailing Address
700 FRONT STREET	#6 ALLAMANDA TERRACE
KEY WÊST FL 33040	KEY WEST FL 33040

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

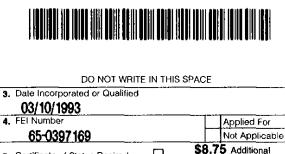
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FILED Jan 20 1998 8:00am Secretary of State



Yes Yes

This corporation owes or has paid the current year Intangible

Fee Required

\$5.00 May Be

Added to Fees

5. Certificate of Status Desired

8. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

			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						
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	PD	DELETE	1.1 TITLE	Change Addition		
NAME	SMITH, CAMY		1.2 NAME			
STREET ADDRESS	700 FRONT STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CiTY - ST - ZiP			
TITLE	VST	DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME	SMITH, WILLIAM A		2 2 NAME			
STREET ADDRESS	700 FRONT STREET		2 3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		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			
THILE		DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME			5.2 NAME			
STREET ADDRESS	•		5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
				i		

6.4 CITY - ST - ZIP 14. Thereby 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 ennual 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

Country

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