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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9300069964 (3) J. BECK ENTERPRISES OF KEY WEST, INC. Principal Place of Business Mailing Address 824-A KENNEDY DRIVE KEY WEST FL 33040-4017					
				Date Incorporated or Qualified 10/08/1993	3a, Date of Last Report 04/23/1996
1 '	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. etc	Suite, Apt. #, etc.		65-0433519	Not Applicable \$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for in	
24	9. Name and Address of Curre		1301	10. Name and Address of New Reg	
	Jacqueline Mi	DECK V.R. /J	och Di Ibe	rporation submits this statement for the p ation's board of directors. I hereby accep ck. Res /	4/23/97
	Signature thread or printed name of registered as	jen: and life if applicable (NOT ND DIRECTORS	E Registered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
12. THEF	D	DELETE	1.1 TITLE	ADDITIONS/CITAINGES TO OFFICE	Change Addition
NAME STREET ADDRESS	BECK, JOEL D 1605 JAMAICA DRIVE		1.2 NAME 1.3 STREET ADDRESS		
CITY - ST ZIF	KEY WEST FL 33040	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	BECK, JACQUELINE M		22 NAME -		E Onongo E Tradation
STREET ADDRESS	1605 JAMAICA DRIVE	•	2 3 STREET ADDRESS		
CHY-S1-Z0	KEY WEST FL 33040	DELETE	2.4 DITY-ST-7IP 3.1 TITLE		Change Addition
NAMI			3.2 NAME		
STREET ACCIDESS			3.3 STREET ADDRESS		
Crty - S1 - ZiP		LINGER	3.4. CITY-ST-ZIP		Change
THLE NAME		☐ DELETE	4.1 TITLE 4. 2 NAME		Change Addition
SHREET ADDRESS			4.3 STREET ADDRESS		
CHY - \$1 - 20°			4.4 CITY-ST-ZIP	······································	
THE		DELETE	5.1 TITLE		Change Addition
NAME STREET #PROCESS			5.2 NAME 5.3 STREET ADDRESS		
STHAFT ACORESS CHY: ST. ZH			54 CITY-ST-ZIP		
THE		☐ DELETE	61 TITLE		Change Addition
HAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CHY-ST-ZIP

FILED

May 01 1997 8:00am

Secretary of State