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FILED  
Jun 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000075200 (4)

1. Corporation Name

FARGO OF KEY WEST, INC.



Principal Place of Business

3739 CINDY AVENUE  
KEY WEST FL 33040

Mailing Address

3739 CINDY AVENUE  
KEY WEST FL 33040-4407

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

AVANT, OMIS H  
3739 CINDY AVENUE  
KEY WEST FL 33040

3. Date Incorporated or Qualified

10/25/1993

3a. Date of Last Report

05/09/1996

4. FEI Number

65-0454021

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 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 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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME SHAW, FRED  
STREET ADDRESS BOX 2357, 45TH STREET  
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE

VP  
NAME SANDS JR., ROOSEVELT  
STREET ADDRESS 311 CROSS STREET  
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE

VP  
NAME LOPEZ, GLENWOOD  
STREET ADDRESS 398 BALIDO STREET  
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE

S  
NAME HANCOCK, WILLIAM  
STREET ADDRESS UNIT 13, 8529 MALONEY AVENUE  
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE

T  
NAME AVANT, OMIS  
STREET ADDRESS 3739 CINDY AVENUE  
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE

305-293-1482

CR2E034 (9/96)