

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1993

4. FEI Number

65-0454021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

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**

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 signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	SHAW, FRED	
STREET ADDRESS	BOX 2357, 45TH STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SANDS JR., ROOSEVELT	
STREET ADDRESS	311 CROSS STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOPEZ, GLENWOOD	
STREET ADDRESS	396 BALIDO STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HANCOCK, WILLIAM	
STREET ADDRESS	UNIT 13, 8529 MALONEY AVENUE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AVANT, OMIS	
STREET ADDRESS	3739 CINDY AVENUE	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHAW, FRED	
1.3 STREET ADDRESS	BOX 2357, 45TH ST.	
1.4 CITY-ST-ZIP	Key West, FL 33040	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOPEZ, GLENWOOD	
3.3 STREET ADDRESS	396 BALIDO ST.	
3.4 CITY-ST-ZIP	Key West, FL 33040	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Omish Avant

4/21/98

305-296-8423

CR2E034 (10/97)