

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:48

DOCUMENT # P94000001666 (4)

1. Corporation Name

LEATHER MASTER KEY WEST, INC.

Principal Place of Business

418 A APPELROUTH LANE  
KEY WEST FL 33040

Mailing Address

418 A APPELROUTH LANE  
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

12/30/1993

04/06/1994

4. FEI Number

65-0461623

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BORER, ALBERT L  
418 A APPELROUTH LANE  
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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME BORER, ALBERT L  
STREET ADDRESS 418 A APPELROUTH LANE  
CITY - ST - ZIP KEY WEST FL 33040

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE D  
NAME BEZANSON, MARLENE A  
STREET ADDRESS 50 DUDLEY ROAD  
CITY - ST - ZIP TOWNSEND MA

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE D  
NAME FOWLER, JONATHAN R  
STREET ADDRESS 3205 HARRIET AVENUE  
CITY - ST - ZIP KEY WEST FL 33040

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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

Jonathan R. Fowler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan R. Fowler

6/19/95

Date

305 294-6622

Day/Evening Phone #