FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:20

DOCUMENT # **P94000077368 (6)**

1. Corporation Name

KEY WEST STYLE, INC.

Principal Place of Business	Mailing Address
101 DUVAL STREET KEY WEST FL 33040	101 DUVAL STREET KEY WEST FL 33040

(Document Number of Last Page)

3. Date Incorporated or Qualified: **10/19/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0529386 — 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 has liability for intangible tax under § 199.032, Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

KOHEN, AMOS
101 DUVAL STREET
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 of New Registered Agent, if changed) (Name of Registered Agent Typed or Printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title Name Street Address City-St-Zip	D KOHEN, AMOS 101 DUVAL STREET KEY WEST FL 33040	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
Title Name Street Address City-St-Zip		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
Title Name Street Address City-St-Zip		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
Title Name Street Address City-St-Zip		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
Title Name Street Address City-St-Zip		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
Title Name Street Address City-St-Zip		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I declare to certify that the information supplied with this filing is, to the best of my knowledge, true and correct. I am aware that false information submitted in a document to the Department of State for filing may result in a criminal penalty classified as a misdemeanor of the first degree, punishable by up to one year in jail and a $1,000 fine, or a felony of the third degree, punishable by up to five years in prison and a $5,000 fine, as provided in sections 817.155 and 775.082 or 775.083, Florida Statutes.

SIGNATURE: [signature] 2/14/95

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date)

0000062 CP