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FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000022433 (3)

1. Corporation Name

KEY WEST WRECKERS L & L, INC.

Principal Place of Business

Mailing Address

~~813 SIMONTON ST.~~
KEY WEST FL 33040

P O BOX 4723
KEY WEST FL 33041
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 1124 WATSON ST

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 KEY WEST, FL.

28 City & State

24 33040

25 U.S.A.

29

30

4. FEI Number

65-0693770

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, MICHAEL A.
813 SIMONTON ST.
KEY WEST FL 33040

81 Name GERLANDO, FRANCESCO V.
82 Street Address (P.O. Box Number is Not Acceptable)
1124 WATSON ST
83
84 City KEY WEST FL 85 Zip Code 33040

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

FRANCESCO V. GERLANDO / PRESIDENT

3/30/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME JONES, MICHAEL A.
STREET ADDRESS 813 SIMONTON ST.
CITY-ST-ZIP KEY WEST FL

TITLE V ☒ DELETE

NAME GERLANDO, FRANCESCO V
STREET ADDRESS 1124 WATSON ST
CITY-ST-ZIP KEY WEST FL

TITLE T ☐ DELETE

NAME GETHEN, GARY E
STREET ADDRESS 2521 FOGARTY AVE #1
CITY-ST-ZIP KEY WEST FL

TITLE S ☐ DELETE

NAME SARTIN, DANNY
STREET ADDRESS BOX 4778
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME GERLANDO, FRANCESCO V.
1.3 STREET ADDRESS 1124 WATSON ST.
1.4 CITY-ST-ZIP KEY WEST, FL.

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME COLEMAN, ALLEN H.
2.3 STREET ADDRESS 1313 8TH ST.
2.4 CITY-ST-ZIP KEY WEST, FL.

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 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: FRANCESCO V. GERLANDO

3/30/98 305 294-2007

CR2E034 (10/97)