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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

1

Zip

P95000027341 (3)

WELCOME CENTER OF THE FLORIDA KEYS, INC.

Principal Place of Business Mailing Address 3840 N. ROOSEVELT BLVD KEY WEST FL 33040

Country

79 CANNON ROYAL DRIVE SHARK KEY FL 33040

2a. Mailing Address

5570

FILED Mar 04 1998 8:00am Secretary of State



8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

04/06/1995

65-0569778

5, Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

24	25	29 33090	30 MON	(KD/Z	Personal Property Tax due Juni		☐ No
g. Name and Address of Current Registered Agent					10, Name and Address of New R	egistered Agent	
HENDRICK, JAMES T ESQ.				Name			
317 WHITRHRAD ST.			82	Stroot A	ddress (P.O. Box Number is Not Accepta	able)	
KEY WEST FL 33040			02	Street	duless (F.O. Box Number is Not Accepte	1010)	
•	E1 11201 12 00010		83	<u> </u>			
				L			
			84	City		FL 85	Zip Code
office or r	egistered agent, or both, in the State of	Florida. Such change was a	uthorized by	the corpo	corporation submits this statement for the oration's board of directors. I hereby acceptation	purpose of changi	
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							
	Signature, typed or printed name of registered agent a			ent signature re	<u> </u>	DATE	7000 (1.40
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFI	Cha	
TITLE		C DECEIE	1.1 TITLE	1		0140 سيا	inge Li Addition
NAME	SALINERO, FEDERICK		1.2 NAME				
STREET ADDRESS	79 CANNON ROYAL DRIVE		1.3 STAEET	ADDRESS			
CITY-ST-ZIP	KEY WEST FL	——————————————————————————————————————	1.4 CITY-S	T-ZIP		F12	
TITLE	D	☐ DELETE	2.1 TITLE			☐ Cha	nge 🔲 Addition
NAME	SALINERO, MARILYN P		2.2 NAME	1			
STREET ADDRESS	79 CANNON ROYAL DRIVE		2.3 STREET	ADDRESS			1
CITY-ST-ZIP	KEY WEST FL	F-1-2	2. 4 City-	ST-ZIP			
TITLE		DELETE	3.1 TITLE	- 1		☐ Chai	nge Li Addition I
NAME			3.2 NAME	-			
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		DELETE	4.1 TITLE			☐ Cha	nge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			i
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		DELETE	5.1 TITLE	- [☐ Chai	nge 🔲 Addition]
NAME			5.2 NAME				i
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-21P			
TITLE		☐ DELETE	6.1 TITLE			Char	nge 🔲 Addition
NAME			6.2 NAME	- 1			
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-S7-ZIP	<u></u>		6.4 CITY-S	T-21P			
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 supplied intel agrued report is true and a Grate angular man signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiption of trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of the receiption and address.							