## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000068729	(9)

KEY WEST SECRETARIAL SERVICES, INC.



Principal Place of Bu	usiness	Mail	ng Address				. 140,140, 114,14,0,14,14			
1007 TRUMAN AVE KEY WEST FL 33304			1007 TRUMAN AVE KEY WEST FL 33304							
							<ol> <li>Date Incorporated or Qualified 09/06/1995</li> </ol>	3a. Date	of Last Re	
2, Principal Place o	of Business	2a.	Mailing Address				4. FEI Number	,		pplied For
	26						65-060363			ot Applicable
Suite, Apt. #, etc	3.	Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees			equired
City & State	City & Ctoto		City & State	0						•
Zip	Country			Cou	untry		8. This corporation has liability for		x under s	199.032,
4	25	29		30				s No		
9.	Name and Address of Currer	nt Registe	red Agent				10. Name and Address of New	Registered .	Agent	
					1 1	Name				
	NNETTE S			\ <u>\</u>		Street Addr	ess (P.O. Box Number is Not Accepta	able)		
1007 TRU	MAN AVE 1' FL 33304				83					
VEL MES	1 16 00004				04	City			85 Zıç	Code
						City	ration submits this statement for the proof of directors. I hereby accept the ap	FL	.   `   `	
familiar with, a	ind accept the obligations of, Sec	ction 607.0	505, Florida Statutes.	•			ration submits this statement for the prior of directors. I hereby accept the ap			
SIGNATURE	a ure, typed or printed name of registered ager	nt and title it a,	7.000.			signature recjuire	od when reinstating)	DATE	DIRECTO	RS IN 12
Stgrid	OFFICERS AN	nt and title it a, ND DIREC	TORS	13.		signature recluire	or when reinstating) ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	RS IN 12
Styre 12.	OFFICERS AND	nt and title if a, ND DIREC	7.000.	13.	TITLE	signature recluire	id when reinstating)  ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO Change	RS IN 12 Addition
Style  12.  TITLE  NAME	D EVANS, ANNETTE S	nt, and title it a, ND DIFIEC	TORS	13. 1 1 1.21	TITLE NAME		od when reinstating) ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO Change	RS IN 12
Style  12.  TITLE  NAME  STREET ADDRESS	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and title if a,	TORS	13. 1 1 1.21 1.3	TITLE NAME STREET	ADDRESS	os when reinstating) ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO Change	RS IN 12
SIGN  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D EVANS, ANNETTE S	nt and title it a, ND DIREC	TORS	13. 1 1 1.21 1.33 1.41	TITLE NAME	ADDRESS	is when reinstainig)  ADDITIONS/CHANGES TO O	FFICERS ANI	DIRECTO Change Change	RS IN 12 Addition
SIGNA  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and title it a. ND DIREC	TORS DELETE	13. 1 1 1.21 1.33 1.4 2 1	TITLE NAME STREET	ADDRESS	id when reinstating) ADDITIONS/CHANGES TO O	FFICERS ANI	Change	Addition
SIGNA  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	or and title it a,	TORS DELETE	13. 1 1 1.21 1.3: 1.4 2 1 2 2	TITLE NAME STREET, CITY-ST TITLE NAME	ADDRESS	id when reinstating) ADDITIONS/CHANGES TO O	FFICERS ANI	Change	Addition
SIGNA  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and title it a,	TORS DELETE	13. 1 1 1.21 1.33 1.4 2 1 2 2 2.3	TITLE NAME STREET, CITY-ST TITLE NAME	ADDRESS   - ZIP	id when reinstating) ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change	Addition
SIGNA  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	n, and tide it a. NO DIREC	TORS DELETE	13. 1 1 1.21 1.33 1.41 2 1 2 2 2.3 2.4	TITLE NAME STREET CITY-ST TITLE NAME STREET	ADDRESS   - ZIP	io when reinstating) ADDITIONS/CHANGES TO O	FFICERS ANI	Change	Addition
SIGNA  12.  TITLE  NAME  STHEET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STHEET ADDRESS  CITY-SI-ZIP  TITLE	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and title if a	TORS DELETE	13. 1 1 1.21 1.3: 1.4 2 1 22 23 24 3 1 32	TITLE NAME STREET TITLE NAME STREET CITY-ST TITLE TITLE TITLE NAME	ADDRESS 1 - ZIP ADDRESS 1 - ZIP	or when reinstating) ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change	Addition
SIGNA  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and this it a. NO DIFIEC	TORS DELETE	13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TITLE NAME STREET DITY-ST TITLE NAME STREET DITY-ST TITLE NAME STREET	ADDRESS 1 - ZIP  ADDRESS 1 - ZIP	of when reinstating) ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change	Addition
SIGNA  12.  TITLE  NAME  STHEET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STHEET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and this it a. NO DIFIEC	TORS DELETE DELETE	13. 1 1 1.21 1.33 1.4 2 1 2 2 2 3 2 4 3 1 3 2 3 3 3 4	TITLE NAME STREET I CITY-SI TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET	ADDRESS 1 - ZIP  ADDRESS 1 - ZIP	of when reinstating) ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change	Addition
SIGNA  117.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and this it as	TORS DELETE	13. 1 1 1.21 1.33 1.4 2 1 2 2 2 3 2 4 3 1 3 2 3 3 3 4	TITLE NAME STREET I CITY-SI TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE	ADDRESS 1 - ZIP  ADDRESS 1 - ZIP	id when reinstainig) ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change	Addition  Addition
SIGNA  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and this it as	TORS DELETE DELETE	13. 1 1 1.21 1.33 1.4 2 1 2 2 2 3 2 4 3 1 3 2 3 3 3 4 4 1 4 2	TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET	ADDRESS 1 - ZIP  ADDRESS 7 - ZIP  I ADDRESS 1 - ZIP	io when reinstairigi) ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change	Addition  Addition
SIGNA  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAMF  STREET ADDRESS	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and title it a. NO DIFIEC	TORS DELETE DELETE	13. 1 1 1.21 1.33 1.44 2 1 2 2 2 3 2 4 3 1 3 2 3 3 3 4 4 1 4 2 4 3	TITLE NAME STREET / TITLE NAME STREET / TITLE NAME STREET / TITLE NAME STREET / CITY-S' TITLE NAME STREET / CITY-S' TITLE NAME STREET	ADDRESS 1- ZIP  ADDRESS 1- ZIP  I ADDRESS 1- ZIP  ADDRESS ADDRESS	io when reinstating) ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change Change	Addition  Addition
SIGNA  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAMI  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and title it a.	TORS DELETE DELETE	13. 1 1 1.21 1.33 1.44 2 1 2 2 2 3 2 4 3 1 3 2 3 3 3 4 4 1 4 2 4 3 4 4	TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET	ADDRESS 1- ZIP  ADDRESS 1- ZIP  I ADDRESS 1- ZIP  ADDRESS ADDRESS	io when reinstating) ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change	Addition  Addition
SIGNA  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and title if a	TORS  DELETE  DELETE	13. 11 1.21 1.33 1.44 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.6	TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS 1- ZIP  ADDRESS 1- ZIP  I ADDRESS 1- ZIP  ADDRESS ADDRESS	io when reinstating) ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change Change	Addition  Addition  Addition
SIGNA  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and title it a. NO DIFIEC	TORS  DELETE  DELETE	13. 11 1.21 1.3: 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.5 5.2	TITLE NAME STREET DITY-SI TITLE NAME STREET DITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S TITLE	ADDRESS 1- ZIP  ADDRESS 1- ZIP  I ADDRESS 1- ZIP  ADDRESS ADDRESS	or when reinstating) ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change Change	Addition  Addition  Addition
SIGNA  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and this it a. NO DIFIEC	DELETE  DELETE  DELETE	13. 11 1.21 1.33 1.44 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.5 5.2 5.3	TITLE NAME STREET DITY-SI TITLE NAME STREET DITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S TITLE	ADDRESS 1-ZIP  ADDRESS 1-ZIP  I ADDRESS 1-ZIP  ADDRESS 51-ZIP	or when reinstating) ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change Change Change	Addition  Addition  Addition  Addition
SIGNA  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAMI  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and title it a	TORS  DELETE  DELETE	13. 11 1.21 1.3: 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.5 5.2 5.3 5.4	THE NAME STREET INTILE	ADDRESS 1-ZIP  ADDRESS 1-ZIP  I ADDRESS 1-ZIP  ADDRESS 51-ZIP	or when reinstating)  ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change Change	Addition  Addition  Addition
SIGNA  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAMI  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAMI  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and this it a. NO DIFIEC	DELETE  DELETE  DELETE	13. 11 1.21 1.3: 1.4. 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.5 5.2 5.3 5.4 6	THE NAME STREET; NAME NAME STREET; NAME STREET LITTLE NAME A STREET	ADDRESS 1-ZIP  ADDRESS 1-ZIP  I ADDRESS 1-ZIP  ADDRESS 51-ZIP	or when reinstating)  ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change Change Change	Addition  Addition  Addition  Addition
SIGNA  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND EVANS, ANNETTE S 1007 TRUMAN AVE	nt and this it a. NO DIFIEC	DELETE  DELETE  DELETE	13. 11 1.21 1.3: 1.4. 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.5 5.2 5.3 5.4 6.6 6.6	TITLE NAME STREET; TITLE NAME STREET; TITLE NAME STREET LITY-S' TITLE NAME STREET LITY-S' TITLE NAME STREET LITY-S TITLE NAME STREET LITY-S TITLE NAME STREET LITY-S TITLE NAME STREET LITTY-S TITLE NAME	ADDRESS 1-ZIP  ADDRESS 1-ZIP  I ADDRESS 1-ZIP  ADDRESS 51-ZIP	or when reinstating)  ADDITIONS/CHANGES TO O	FFICERS ANI	Change Change Change Change	Addition  Addition  Addition  Addition

I do hereby certify that the information supplied with this fling is voluntarily turnished and obest for quality to the southern 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 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this same legal effect as if made under certify that the information indicated with this fling is voluntarily turnished and certify that the information indicated with the singular legal effect as if made under certify that the information indicated with the singular legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on the certification of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my signature shall have the same legal effect as if made under certification indicated and that my signature shall have the same legal effect as if made under certification indicated and the certification of the corporation of the corporation or the receiver and the certification of the

SIGNATURE:

cians ME OF SIGNING OFFICER OR DIRECTOR 4/22/96 305-296-2253