

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90013 025 ***150.00

DOCUMENT # P95000076614

1. Corporation Name
TANGO OF KEY WEST, INC.

Principal Place of Business
517 WHITEHEAD STREET
KEY WEST FL 33040

Mailing Address
517 WHITEHEAD STREET
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1995

4. FEI Number
65-0614549

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 506 Louisa Street
Suite, Apt. #, etc.

2a. Mailing Address
26 506 Louisa Street
Suite, Apt. #, etc.

22 City & State
23 Key West, FL

27 City & State
28 Key West, FL

24 Zip
33040

29 Zip
33040

25 U.S.A.

30 U.S.A.

9. Name and Address of Current Registered Agent

FARRELLY, GREGORY G
517 WHITEHEAD STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
Gregory G. Farrelly
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Catalfomo & Farrelly
83 506 Louisa Street
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 Gregory G. Farrelly Jan. 31, 1999
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|------------------|-----------------------------|-------------------|-------------------------------------|
| D | WILBUR, ROBERT M | 1075 DUVAL STREET, UNIT C21 | KEY WEST FL 33040 | <input type="checkbox"/> |
| PST | WILBUR, ROBERT M | 1075 DUVAL STREET, UNIT C21 | KEY WEST FL 33040 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|---------------------|-----------------------------|---------------------------|--------------------------|-------------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| P,S,T | Peter Schrocksnadel | 38, Maria Theresien-Strasse | A-6020 Innsbruck, Austria | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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, with all other like empowered.

SIGNATURE: Robert M. Wilbur
Director

01/31/99 (305) 296-7201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)