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FILED
Jan 27, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000091904

1. Corporation Name CASA KEY WEST, INC.

01-27-1999 90058 028 ****158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 811 WASHINGTON STREET KEY WEST FL 33040
Mailing Address: 811 WASHINGTON STREET KEY WEST FL 33040

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 12/04/1995
4. FEI Number: 65-0623146
5. Certificate of Status Desired: [checked] \$8.75 Additional Fee Required
6. Election Campaign Financing: [unchecked] \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: [unchecked] Yes [checked] No

9. Name and Address of Current Registered Agent: MOORE, JOYCE P. 811 WASHINGTON STREET KEY WEST FL 33040

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

Table with 2 columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Includes entries for MOORE, JOYCE P and FAZIO, CRAIG.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Includes fields for 1.1 TITLE, 1.2 NAME, etc.

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 01/29/99 3052961141

CR2E034 (11/98)