## 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

## DOCUMENT # P95000097038

1. Corporation Name

BPI OF KEY WEST, INC.

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Principal Plac	e of Business	Mailing Address			t contidet ten teine milit muttt mett bilti mutt	a tatit täätt eu	ina titat inti innt
916 ELIZABETH		916 ELIZABETH STREET			•		
KEY WEST FL	33040	KEY WEST FL 33040			DO NOT WRITE IN THE	C CDACE	
				3. Date Incorporated or Qualifed	3 SPACE		
					12/18/1995		
2. Principal P	Place of Business	2a. Mailing Address		<del></del>	4. FEI Number		Applied For
21		26			65-0636710		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<del></del> =	Additional	
22		27			5. Certificate of Status Desired	Fee I	Required
City & Stat	te	City & State			6. Election Campaign Financing		<b>0</b> May Be
23		28	Countrie	•——	Trust Fund Contribution		to Fees
Zip	Country 25	Zip	Country		8. This corporation owes the current year In	itangible <b>∑</b> Yes	□No
24	9. Name and Address of Curren		30		Personal Property Tax.  10. Name and Address of New Registered		
-	3'	it Kegiatorou Agent	81	Name	10. Hallio dila Address di New (registered	Agent	
	ALFOMO, ANTHONY			01	(D.O. O. M. )		
	WHITEHEAD STREET		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
KEY	WEST FL 33040		83				
	•		84	City		85 Zir	Code
	and the same of th	<del></del>				_	
11. Pursuant	to the provisions of Sections 607.050	)2 and 607.1508, Florida Statute	s, the above	-named corp	oration submits this statement for the purpose of	f changing i	ts registered
onice or i	registered agent, or both, in the State	of Florida. Such change was au	thorized by t	the corporation	on's board of directors. I hereby accept the appo	intment as	registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flor	ithorized by t ida Statutes.	the corporation	on's board of directors. I hereby accept the appo	intment as	registered
office or i agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered agent	itions of, Section 607.0505, Flor	ida Statutes.	the corporation	on's board of directors. I hereby accept the appoint the appoint of the second of the accept the appoint of the accept the accept the appoint of the accept the accept the accept the appoint of the accept	ointment as	registered
agent. I a	am familiar with, and accept the obligation of t	nt and title if applicable. (NOTE:  ID DIRECTORS	ida Statutes.	the corporation	· · · · · · · · · · · · · · · · · · ·		
agent. I a	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable (NOTE:	ida Statutes. Registered Agent	the corporation	d when reinstating) . DATE		ORS IN 12
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN PD YACCINO, FRANK C	nt and title if applicable. (NOTE:  ID DIRECTORS	Registered Agent	the corporation	d when reinstating) . DATE	ND DIRECT	ORS IN 12
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Agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PD YACCINO, FRANK C 916 ELIZABETH STREET KEY WEST FL 33040 VST	nt and title if applicable. (NOTE:  ID DIRECTORS	Registered Agent  13. 1.1 TITLE 1.2 NAME 1.3 STREET	signature require	d when reinstating) . DATE	ND DIRECT	ORS IN 12
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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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90050 010 \*\*\*150.00