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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 01 1997 8:00am

Secretary of State

Daytime Phone #

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039425 (9)

GHOST TOURS OF KEY WEST, INC.

Principal Piace of Business Mailing Address						E CERTION CON COLOR COLOR BOTH BOTH BOTH BOTH DION THAN AND COLOR FINDS OUT TO DE				
326 SOUTHARD STREET UP 326 SOUTHARD STREET KEY WEST FL 33040 KEY WEST FL 33040-853										
			VIS.1018F1			3. Date Incorporated or Qualified 05/03/1996	3a. Date o	f Last R	eport	
⊢n '	lace of Business	2a. Mailing Address	Mailing Address			74. FEI Number		 	plied For	
21 26						65-066 4960 Not Applicable				
Suite, Apt	· · · · · · · · · · · · · · · · · · ·	Suite, Apt #, etc				5. Certificate of Status Desired Fee Required				
City & State	e	City & State	7			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country	28 7in	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tay under s. 199.032,				
24	25	}	30				Yes M	unders. O	199.032,	
[24]	9. Name and Address of Cu		1901			10. Name and Address of New Re				
CAT	ALFOMO, ANTHONY		81	Nan	7 e					
517 WHITEHEAD STREET				Chro	2	ddress (P.O. Box Number is Not Acceptable)				
KEY WEST FL 33040			82) Stre	et Addres	ss (P.O. Box Number is Not Acceptab	l 0)			
, NET	TIEST TE SOUTE		83	 		· · · · · · · · · · · · · · · · · · ·	 			
	•	•	84	City			8 8	5 Zip (Code	
maa-e-e-e-e	0.00	Or DO and COT 1500 Florida Chatak	1	L		dia and the state of the state	FL			
office or r	egistered agent, or ⊌oth, in the 9	State of Fiorida. Such change was a	uthorized by	/ the c	ea corpor orporation	ration submits this statement for the pin's board of directors. I hereby accep	urpose of cha t the a ppoint	ıngıng iti nent as	s registerea registered	
agent La	m familiar with, and accept the c	obligations of, Section 607.0505, Flo	rida Statute	S .			20/97			
SIGNATURE	Signature, typed or printed name of registers	outpour				when reinstating)	DATE			
12.		B AND DIRECTORS	13.	ent signa	ture required	ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE		<u> </u>	7.00.11.010/01/1/1/020 10 017 10		Change	Addition	
NAME	SLOAN, DAVID L	_ : == =	1.2 NAME		1					
STHEET ADDRESS POST OFFICE BOX 4766 N/A			1	1.3 STREET ADDRESS						
CHY-SI-78F	KEY WEST FL 33041	147.	1.4 CITY - S		~					
TITLE		DELETE	2.1 TITLE	11-21				Change	Addition	
NAME			22 NAME				 -	•		
STREET ADDR-55			2 3 STREET	ADDRES	s l	•				
CITY S1-7IP			2.4 CITY-1		`					
TITLE		DELETE	3.1 TITLE		-			Change	Addition	
NAME			3.2 NAME		ļ					
STREET ADDRESS			3.3 STREET	ADDRES	s					
City St Zin			3,4. CITY-	ST-ZIP						
TITLE		☐ DELETE	4.1 TYLE					Change	Addition	
NAME			4.2 I VME							
STREET AUDRESS			4.3 SHEET	ADDRES	is				1	
CHY-ST-20P			4.4 C Y-S	T-ZIP	<u> </u>		···········		h-12.00	
Tarr		DELETE	5.1 T LE]			Change	Addition	
NAME .			5.21 ME							
STREET ADDRESS				ADDRES	S					
City - S1 - ZiP		DELETE		T-ZIP				Change	Addition	
TITLE		☐ Offer	6.11				ם	⇔nαn g c		
NAME Stock Laborises			6.2 H ME	4 Debe						
STREET ADORESS				ADDRES	2					
14. I do heret	ny certify that the information sur-	plied with this filing does not qualif		T-ZIP	n stated in	n Section 119.07(3)(i), Florida Statutes	s. I further ce	tify that	the	
informatio Lam ar lof	n indicated on this annual report Feer or director of the corporatio	or supplemental annual report is tr in or the receiver or trustee empowed, or on an attachment with an add	ue and co	urate a	ind that m	ny signature shall have the same lega as required by Chapter 607, Florida S	effect as if ritatules; and t	nade und hat my n	der oath; that name	

Pession

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE