PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P96000039425

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90077 040 ***150.00

GHOST 1	tours of key west, inc).						
Principal Place	e of Business	Mailing Address				######################################	101 4(8) 4	1881 Bill 681
416 FLEMING S	τ .	P O BOX 4766						
KEY WEST FL 33040 KEY WEST FL 33041				DO NOT WRITE IN THIS SPACE				
US US				3. Date Incorporated or Qualifed				
					05/03/1996			ļ
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			65-0664960	,	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	1 1 '		dditional
22		27			.		Fee Re	·
City & State	e La la calación de la composition de la	City & State			6. Election Campaign Financing		5.00 Added to	
23	- Constant	28 Zin	Col	untry	Trust Fund Contribution			rees
Zip	Country	Zip	30	and y	This corporation owes the currer Personal Property Tax.	it year intangib □ Y		□No
24	9. Name and Address of Currer	29 29 Agent	[30]	1	10. Name and Address of New Re	gistered Agen	t	
	o, Haine and Address of Culter			81 Name				
CATA	alfomo, anthony			Ant	hony J. Catalfomo iress (P.O. Box Number is Not Acceptab	lo)		
517 \	WHITEHEAD STREET			82 Street Add	Catalfomo & Farr	ellv		1
KEY	WEST FL 33040			0.3				
					Louisa Street	85	Zip C	ode
	•			1 1 '	West,	FL	33	040
				I NEV				
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the a	hove named cor	poration submits this statement for the pr	urpose of chan	ging its	registered
				above-named corp	poration submits this statement for the pi ion's board of directors. I hereby accept	urpose of chan the appointmer	ging its it as reg	registered jistered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga			above-named corp	poration submits this statement for the pi ion's board of directors. I hereby accept	tile appointmen	it as reg	listered
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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.

SIGNATURE: 2

