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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000049198 (0)

KEY WEST CONCH TRADERS, INC.

## FILED May 11 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				110 19191 (911 19E1
620 THOMA	AS STREET	P.O. BOX 897				
#281 KEY WEST FL 33041				DO NOT WRITE IN THIS SPACE		
KEY WEST FL 33040					3. Date Incorporated or Qualified	
					06/07/1996	
2. Principal P	Place of Business	2a, Mailing Address	·	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21 3206		26			65-0671195	Not Applicable
Sulte, Apt	#, etc.	Suite, Apt. #, etc.		·····	\$8.7	5 Additional
22		27			5. Certificate of Status Desired Fee	Required
City & Stat	le,	City & State			6. Election Campaign Financing \$5.0	00 May Be
23 Key 1	Ulut, FL	28			Trust Fund Contribution Add	ed to Fees
Zip	Country	▶ Zip	Coun	try	8. This corporation owes or has paid the current year	
24 330	40 25	29	30		Personal Property Tax due June 30.  Yes	□ No
	9. Name and Address of Curre	nt Registered Agent		31 Name	10. Name and Address of New Registered Agent	
	(ING, GINGER		['	31 Name		
620 THOMAS STREET			į į	Street Add	Iress (P.O. Box Number is Not Acceptable)	<del></del>
	F281					
K	EY WEST FL 33040		'	33		
			[8	14 City	85 Z	ip Code
					poration submits this statement for the purpose of changin	
agent. I a	am familiar with, and accept the obliq	gations of, Section 607.0505, F	lorida Statu	les.	ation's board of directors. I hereby accept the appointment	as registered
12,	Signature, typind or printed name of registered ag	ND DIRECTORS	13.	Agenii şignalüre (eq.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TITLE	P	DELETE	11 1171	F T	Chang	
NAME	KING, GINGER	_	1.2 NAN			, <u> </u>
STREET ADDRESS	620 THOMAS ST #281			EET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040			'-ST-ZIP		
TITLE	VP	DELETE	2.1 TITL		☐ Chang	e Addition
NAME	JACKSON, GLENN		2.2 NAN	1E		
STREET ADDRESS	1328 L ST, SE		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20003			Y-ST-ZIP		
TITLE	\$T	DELETE	3 1 TITL		Chang	e Addition
NAME	MCKENNEY, JOHN W JR		3.2 NAA	1E		
STREET ADDRESS	312 G STREET SE		3.3 STR	EET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20003		3.4. CIT	Y - ST - ZIP		
TITLE		DETLETE	4.1 THTL	E	☐ Chang	je 🔲 Addition
NAME	Į.			AF.		
NAME			4. 2 NA	,,,		
STREET ADDRESS			a de la constantia	EE1 ADDRESS		
ļ			4.3 STR			
STREET ADDRESS		DELETE	4.3 STR	EE1 ADDRESS ST- ZIP	☐ Chang	e Addition
STREET ADDRESS City-St-Zip		DELETE	4.3 STR 4.4 CIT	EE1 ADDRESS '- ST- ZIP E	[ ] Chang	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE		[_] DELETE	4.3 STR 4.4 CITA 5.1 TITE 5.2 NAM	EE1 ADDRESS '- ST- ZIP E	Chang	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	4.3 STR 4.4 CITO 5.1 TITE 5.2 NAA 5.3 STR	EE1 ADDRESS  '- ST- ZIP  E	Chang	e Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.3 STR 4.4 CITO 5.1 TITE 5.2 NAA 5.3 STR	EE1 ADDRESS	☐ Chang	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.3 STR 4.4 CITO 5.1 TITE 5.2 NAM 5.3 STR 5.4 CITO	EEI ADDRESS  /- ST- ZIP  E  ILE  EEI ADDRESS  /- ST- ZIP  E		
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In hereby certify that the information supplied with this falling does not quality for the exemption stated in Section 119.07(3)(i). Florida statutes, if further certify that the information indicated on this annual report of applemental 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 comprision 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 changing, or or an attachment with an address.

SIGNATURE:

resident

4/20/05

805-296-2369