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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089835 (8)

UNDER WRAPS OF KEY WEST, INC.

Principal Place of Business Mailing Address

512 OLIVIA STREET
KEY WEST FL 53405

KEY WEST FL 33040-7439

FILED
May 02 1997 8:00am
Secretary of State



						3. Date Incorporated or Qualified 3a. Date of Last Report 10/29/1996		
	Place of Business	2a. Mailing /	_	1	· · · · · · · · · · · · · · · · · · ·	4. FEI Number		Applied For
21			Du Du	val 8	<u>t </u>	65-0706155)	Not Applicable
Suite, Apt.	#, etc.	Suite, Ar	ot. #, etc.	-		5. Certificate of Status Desired	1 1 7 7 7	Additional Required
City & Stat	ie –	City & St	ate			6. Election Campaign Financing	\$5.0	O May Be
3		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip		Country	•	8. This corporation has liability for in	ntangible tax under	s. 199.032,
4 330		29]		30			Yes No	
	9. Name and Address of Curr		ent	81		10. Name and Address of New Reg	Istered Agent	
CORPORATION SERVICE COMPANY					Name			
1201 HAYS STREET TALLAHASSEE FL 32301-2525				82	82 Street Address (F.O. Box Number is Not Acceptable)			
				83				
				84	City		ar 76	p Code
				57	Oily		FL 85 Zip	J Code
· omce or r	to the provisions of Sections 607.03 registered agent, or both, in the Statim lamiliar with, and accept the obline.	ue of Florida. Such d	mando was au	ithoniyod bi	/ Itio corrors	poration submits this statement for the pution's board of directors. I hereby accept	urpose of changing I the appointment a	its registered is registered
SIGNATURE	Signature, typed or printed name of registered a		(NOTE:	Registered Agr	ent signature requ	uired when reinstating)	DATE	
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	4	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	L	DOLFTE	1.1 THE			☐ Change	e 🔲 Addition
NAME	CURTIS, MARK			1.2 NAME				
STREET ADDRESS	512 OLIVIA STREET			1.3 STREET	ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33405			1.4 CITY - S	1 - 7IP			
TITLE	D	L] DELETE	2.1 TITLE			☐ Change	Additroi
NAME	CURTIS, JILL			2.2 NAME				
STREET ADDRESS	512 OLIVIA STREET			2.3 STREET	ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33405		7 550515	2. 4 CITY · 1	ST - ZIP			
TITLE	D ANALTON INT	L] DELETE	3.1 THLE			Change	Additio
NAME	CRICHTON, JANE			3.2 NAME				
STREET ADDRESS	512 OLIMA STREET			3.3 STREET				
CITY-ST-ZIP TITLE	KEY WEST FL 33405		DELETE	3.4. City-5	31 - 7IP			
		L	i virciț	4.1 TRUE			Change	Addition
NAME DEDECT ADDRESS				4.2 NAME				
STREET ADDRESS				4.3 STR([]				
CITY-ST-ZIP TITLE			DELETE	4.4 CHY-S	1 · ZIP			
		L	1 MULLIE	5 1 TITLE			L Change	Addition
NAME				5 2 NAME				'
STREET ADDRESS				5.3 STH[f 1				
CITY-ST-ZIP TITLE		·	Delete	5.4 CITY-S	T-ZiP			
·		L	DELETE	-6.1 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 \$1REE1	ADDRESS			
CITY-ST-ZIP				64 CHY-S	1 - 7IP			

14. I do hereby certify that the illumination supplied with his 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 finnual report or supply ental 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 rideliver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13lock 3 if changed or on a heitlachment with an address.