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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700004371

1. Corporation Name

Principal Place of Business

KEY WEST ENTERTAINMENT CORPORATION

Greenbrier Drive Springs FL 33461		260 GREENBRIER DRIVE PALM SPRINGS FL 33461				PO NOT WR	ITE IN THIS	SPACE	
						Date Incorporated or Qualifed			
						01/15/1997			
Principal Place of Business 2a. Mailing Ad			ddress			4. FEI Number		1	Applied For
		26				TOT THE CONTROLL			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired S8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cur	rent year In	tangible	
	25	29	30			Personal Property Tax.		_ 🗌 Yes	No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registered	Agent	
				81	Name				
	TIN, ROBERT A			82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
260 GREENBRIER DRIVE					Ott UUI / Idan				
PALI	M SPRINGS FL 33461			83					
				84	O:h			85 Zip	Code
				04	City		FL	_  05  21	Code
-MOTTHER	Signature, typed or printed name of registered age	nt and title if applicable. (NC	TE: Registered	Agent	signature required	( when reinstating)	DATE		
	<u> </u>	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECT	ORS IN 12
	PTDS	☐ DELETE	1.1 71	TLE.				☐ Change	Additio
	MARTIN, ROBERT A		1.2 N	AME					
··· (ALENIALSS)	AAA ARCELINAIED ARKE		1.3 \$1	REET/	ADDRESS (				
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- 31-211	VD	☐ DELETE	2.1 TJ			2521 Flagher KEY WEST FL	Aus	Change	Additio
	SCHWEIZER, LAWRENCE		2.2 N	AME	1 4	232	20	1.60	
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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 empewered 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 all other like simpowered.

6.4 CITY-ST-ZIP

5.2 NAME 5.3 STREET ADDRESS

6.2 NAME 6.3 STREET ADDRESS

54 CITY-ST-ZIP

\_\_ I ADMRUSE

\_\_ I ADDRESS

ST-ZIP

ST ZIP

☐ DELETE

Addition

**FILED** 

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90107 025 \*\*\*150.00