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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Sandra B. Morthand

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000020871 (4)

KEY WEST ANGLER, INC.

## **FILED** May 15 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		1 18 1 18 1 19 1 19 1 19 1 19 1 19 1 19	
219 SIMONTON STREET 219 SIMONTON STREET					
KEY WEST FL 33040		KEY WEST FL 33040		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				03/07/1997	
9 Principal Pl	ace of Business	2a. Mailing Address			Applied For
21		26		4. FEI Number 65-6745538	Not Applicable
Suite, Apt.	#. otc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Z <sub>i</sub> p	Country	8. This corporation owes or has paid the cu	urrent year Intangible
24	25	29	10	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent
ST	ONES, ADELE V		81 Name		
	O FLEMING STREET		82 Street	t Address (P.O. Box Number is Not Acceptable)	
	Y WEST FL 32301		2	21 Simonton St.	
•			83		
					as Zin Code
			84 City	FI	85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	12 and 607,1508. Florida Statutes	s, the above-name	d corporation submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was au	thorized by the co	rporation's board of directors. I hereby accept the ap	pointment as registered
	m familiar with, and accept the oblig	alions of, Section 607:0505, Flor	ida Sialules.		
SIGNATURE	Signature, type-dice province names of requirement sup-	ent west title of screen able. (NOTE	Received Agent signatur	re required when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PVST	DELETE	11 TITLE		☐ Change ☐ Addition
NAME	CARDENAS, JEFFREY J		1.2 NAME		
STREET ADDRESS	1218 PETRONIA ST.		1.3 STREET ADDRESS	.	
CITY-ST-ZIP	KEY WEST FL 33040		14 CITY-ST-ZIP		
TITLE	n	DELETE	2.1 TITLE		Change Addition
NAME	CARDENAS, JEFFREY J	_	2.2 NAME		
STREET ADORESS	1218 PETRONIA ST.		2.3 STREET ADDRESS		
	KEY WEST FL 33040		2. 4 CITY - S1 - ZIP		
CITY-ST-ZIP TITLE	TET TIEGIT TE GOOTS	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
1			3.3 STREET ADDRESS	,	
STREET ADDRESS			3.3 STREET AUDITESS	` <b> </b>	
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
		C) Dittil	4. 2 NAME		
NAME		_			
STREET ADDRESS		-	4.3 STREET ADDRESS	<sup>7</sup> ]	
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		L'1 DETE IE	5.1 TITLE		Onlingo Notellion
NAME			5.2 NAME	1	ļ
STREET ADDRESS			5 3 STREET ADDRESS	5	
CITY - ST - ZIP			5.4 CITY - ST - ZIP		Obanno Disale
TITLE		☐ DELFTE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP		
14. I hereby i	certify that the information supplied v	with this filling does not qualify for	the exemption sta	ated 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 coporation or the project or prostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 an attachment with an address.

Jeffrey Cardenas

4.24.98

305 296-0700