

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90001 029 ***150.00

DOCUMENT # P97000063798

1. Corporation Name

KEY WEST FAMILY FUN CENTER, INC.

Principal Place of Business

3314 NORTHSIDE DR. UNIT 26
KEY WEST FL 33040

Mailing Address

3314 NORTHSIDE DR. UNIT 26
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

65-0774519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3232 N. Roosevelt Blvd

Suite, Apt. #, etc.

22

City & State

23 Key West, FL

Zip

24 33040

Country

25 USA

2a. Mailing Address

26 3232 N. Roosevelt Blvd

Suite, Apt. #, etc.

27

City & State

28 Key West, FL

Zip

29 33040

Country

30 USA

9. Name and Address of Current Registered Agent

THE LAW OFFICES OF DONALD E. YATES
402 APPELROUTH LANE
KEY WEST FL 33040

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVD
NAME MARY JO A LALLY-BEUTH
STREET ADDRESS 3314 NORTHSIDE DR #26A
CITY-ST-ZIP KEY WEST FL 33040

☐ DELETE

TITLE DP
NAME BEUTH, JOHN
STREET ADDRESS 3314 NORTHSIDE DR. #26
CITY-ST-ZIP KEY WEST FL 33040

☐ DELETE

TITLE DSDV
NAME BEUTH, KIM
STREET ADDRESS 3314 NORTHSIDE DR. #26
CITY-ST-ZIP KEY WEST FL 33040

☐ DELETE

TITLE DTDV
NAME BEUTH, EUGENE
STREET ADDRESS 612 NEW YORK ST.
CITY-ST-ZIP DENVER CO 80206

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Kim Beuth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99

Date

(305) 294-7355

Daytime Phone #

0152161

CR2E034 (11/98)