## 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 # 1. Corporation Name P97000070208 (8)

**KEY WEST SEASIDE CORPORATION** 

Principal Place of Business

Mailing Address

3900 S ROOSEVELT BLVD KEY WEST FL 33040

3900 S ROOSEVELT BLVD

**FILED** Apr 01 1998 8:00am Secretary of State



KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-081120 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 Name and Address of Current Registered Agent Name and Address of New Registered Agent Name BUTLER, ROBERT A 3900 S ROOSEVELT BLVD Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 City 84 85 Zip Code 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 registored 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** (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE Change Addition Butler, Robert A. 3900 S. Roosevelt NAME 1.2 NAME Blvd STREET ADDRESS 1.3 STREET ADDRESS Key West, FL 33040 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition TITLE 2.1 TITLE PAUL NAME 2.2 NAME Roose velt Blud. STREET ADDRESS 23 STREFT ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE \_\_\_ Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

 I hereby certify that the info indicated on this annual re-officer or director of the co-Block 12 or Block 13 if char rnation 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 or 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 or or the review or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in eiver or trustee empowered to ex-thment with an address.