

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **P97000074313 (2)**

1. Corporation Name

KEY WEST ADVERTISING, INC.

Principal Place of Business

**ZERO DUVAL STREET
KEY WEST FL 33040**

Mailing Address

**ZERO DUVAL STREET
KEY WEST FL 33040**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0781308		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CASTEEL, DAVID ZERO DUVAL STREET KEY WEST FL 33040				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL
				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 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUCKER, RONALD H		1.2 NAME	DRUCKER, RONALD H	
STREET ADDRESS	209 MUSKET LANE		1.3 STREET ADDRESS	209 MUSKET LANE	
CITY-ST-ZIP	WAYNE PA 19087		1.4 CITY-ST-ZIP	WAYNE, PA 19087	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALES, WAYNE		2.2 NAME	GALES, WAYNE	
STREET ADDRESS	ZERO DUVAL STREET		2.3 STREET ADDRESS	ZERO DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL 33040		2.4 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, JOHN		3.2 NAME	GILBERT, JOHN	
STREET ADDRESS	ZERO DUVAL STREET		3.3 STREET ADDRESS	ZERO DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL 33040		3.4 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTMAN, STEVE		4.2 NAME	ALTMAN, STEVE	
STREET ADDRESS	115 NEW STREET		4.3 STREET ADDRESS	115 NEW STREET	
CITY-ST-ZIP	GLENSIDE PA 19038		4.4 CITY-ST-ZIP	GLENSIDE, PA 19038	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE

[Handwritten Signature] **4/16/98** **215-661-7562**

CP2E034 (10/97)