Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

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

DOCUMENT # **P97000083977**

1. Corporation Name

Suite, Apt. #, etc.

City & State

23

24

Zip

KWVC-KEY WESTER, INC.

Mailing Address	
600 FRONT ST., STE. B7 KEY WEST FL 33040	•
2a. Mailing Address	
	600 FRONT ST. STE. B7 KEY WEST FL 33040

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Zip

Suite, Apt. #, etc.

City & State

9. Name and Address of Current Registered Agent

Country

SPOTTSWOOD, ROBERT A 600 FRONT ST., STE. B7 KEY WEST FL 33040

25

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90098 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

09/29/1997 4. FEI Number

65-0459734

			 			200 7	p Code		
			84	City	FL_		•		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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	DIREC	TORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	- 		Chang	e 🗌 Addition		
NAME	SPOTTSWOOD, ROBERT A		1.2 NAME						
STREET ADDRESS	600 FRONT ST., STE. B7		1.3 STREET	ADORESS					
CITY-ST-ZIP	KEY WEST FL 33040		1,4 CITY-ST	-ZIP					
TITLE	D	DELETE	2.1 TITLE			Chang	e 🗌 Addition		
NAME	SPOTTSWOOD, JOHN M		2.2 NAME						
STREET ADDRESS	600 FRONT ST., STE. B7		2.3 STREET	ADDRESS					
CITY-ST-ZIP	KEY WEST FL 33040		2. 4 CITY-S	r-ZIP					
TITLE	D · ··	☐ DEFELE	3.1 TITLE	}		Chang	je 🗌 Addition		
NAME	SPOTTSWOOD, WILLIAM B		3.2 NAME						
STREET ADDRESS	600 FRONT ST., STE. B7		3.3 STREET	ADDRESS					
CiTY-ST-ZIP	KEY WEST FL 33040		3.4. CITY-S	Γ- Ζ }Ρ					
TITLE		DELETE	4.1 TITLE			Chang	ge 🔲 Addition		
NAME			4.2 NAME	1					
STREET ADDRESS			4.3 STREET	ADDRESS	•				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP					
TITLE	•	☐ DELETE	5.1 TITLE			Chang	ge 🗌 Addition		
NAME			5.2 NAME						
STREET ADDRESS		i	5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST	-ZIP					
TITLE		DELETE	6.1 TITLE			Chang	ge		
NAME			6.2 NAME						
STREET ADDRESS	•		6.3 STREET	ADDRESS					
CITY-ST-ZIP	All the state of t		6.4 CITY-ST	-ZIP		_			

Country

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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: