PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000098920

KEY LARGO SANDAL COMPANY, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90156 020 ***300.00



Principal Place	e of Business	Mailing Address		T FEUTSBüt 119 181(t tinnt untitt gant antitt nat	10 (010) 20210 10110 116)	N Mail (RE)
102411 OVERSEAS HWY 102411 OVERSEAS HWY						
KEY LARGO FL 33037 KEY LARGO FL 33037					.0.004.05	
				DO NOT WRITE IN TH	IS SPACE	
1				3. Date Incorporated or Qualifed		
		···		11/17/1997	<u> </u>	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	.	ed For
21 26			65-0796840		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Add		
22 27 City 8 State						
City & State City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F		
23	Country	28 Zip	Country			
Zip	<u> </u>		¬ '	This corporation owes the current year - Personal Property Tax.]No
24	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registere		
	5. Name and Address of Curren	t Kegistered Agent	81 Name			
LUPI	INO, JAMES S					
90130 OLD HWY			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		ĺ
l	ERNIER FL 33036		83			
1						
			84 City	F	. 85 Zip Co	de
dd Durana	to the equipions of Continue 607 050	2 and 607 1509 Elorida Statutes	the above-named co	emoration submits this statement for the nurnose	of changing its re-	aistered
office or r	registered agent, or both, in the State :	of Florida. Such change was auti	horized by the corpora	ation's board of directors. I hereby accept the app	ointment as regis	stered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statutes.			
SIGNATURE	Signature, typed or printed name of registered agen	ANOTE D	egistered Agent signature req	uired when reinstating) DATE		<u> </u>
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 12
TITLE	D	☐ DÉLETE	1,1 TITLE		Change	Addition
NAME	CIOFFI, JOHN J III		1,2 NAME	•		}
STREET ADDRESS	ACCULATION TO CE ACCUMUNT		1.3 STREET ADDRESS			1
CITY-ST-ZIP	ISLAMORADA FL 33036		1,4 CITY-ST-ZIP			
TITLE	100 31101 31271 1 2 3 3 3 3	☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS	· ·		2.3 STREET ADDRESS			}
l •	<u>'</u>		2.4 CITY-ST-ZIP			J
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME		•	Ì
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	'		3.4, CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME	•		4. 2 NAME	•		
STREET ADDRESS	}		4.3 STREET ADDRESS			1
CITY-\$T-ZIP	ty.		4.4 CITY-ST-ZIP			
TITLE	,	☐ DELETE	5.1 TITLE		Change	Addition
NAME		—	5.2 NAME			1
STREET ADDRESS	J. J. Gregor and J. Land		5.3 STREET ADDRESS			}
,	T		■ j			
I CITY OF THE			5.4 CITY-ST-ZIP			
CITY-ST-ZIP	<u> </u>	DELETE	6.1 TITLE		Change	Addition
TITLE	·	☐ DELETE			☐ Change	Addition
		DELETE	6.1 TITLE		☐ Change	Addition

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.