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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106515 (4)

KING CONCH. INC.

## FILED Jun 24 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 201 FRONT STREET.#101 201 FRONT STREET.#101 KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1997 4. FEI Number 28. Mailing Address 2. Principal Place of Business Applied For Not Applicable 21 Suite, Apt # etc \$8.75 Additional Suite. Apt #. etc 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Country Country 8. This corporation owes or has paid the current year Intangible Zip Yes ☐ No Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BEHMKE, MICHAEL 201 FRONT STREET, #101 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 84 City 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. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registrated Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 11100 TITLE BEHMKE, MICHAEL 1.2 NAME NAME 201 FRONT STREET,#101 1.3 STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 14 CITY-ST-7IP CITY-ST-7IP Change Addition DELETE 2.1 THLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP 🗂 deleje Change Addition 3.1 111116 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 T(T) 8 TITLE 4. 2 NAME NAME# 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(1Y - ST - Z(P CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELFTE 6 I THLE TITLE ٩/ 6.2 NAME NAME -06/24/98--01018--028 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP

14. Thereby 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

am 1 . R . .