PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000021268

KEY WEST PUBLIC LIBRARY, INC.

Principal Plac	pe of Business	Mailing Address		I (BB)(BB) it \$ 25(\$) is 1) as it as	
1110 WHITE STREET KEY WEST FL 33040		1110 WHITE STREET KEY WEST FL 33040	-	DO NOT WRITE IN THIS SPACE	•
				3. Date Incorporated or Qualifed 03/05/1998	
2. Principal F	Place of Business	2a. Maitip@Address	/////	4. FEI Number	Applied For
27)		26 PO 00	x 7766	54-0033176	Not Applicable
Suite, Apt.	, #, etc.	Suite, Apt. #, etc.	_ ,	E Continue of Cintus Doolton	5 Additional Required
22		27		Fee	
City & Star	te	City & State	555 F/		00 May Be ed to Fees
23		28 12 9 000	Country		ed 10 7 003
Zip	Country	- 3 29 3 3041 = 13	MONRO	8. This corporation owes the current year intangible Personal Property Tax.	□No
24	9. Name and Address of Currer		30	10. Name and Address of New Registered Agent	
	J. Haire Sile Adultas V. Carlo.		81 Name		
CAF	REY, JAMES E		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
1110	o white street		02 Street Acc	11855 (F.O. DOX HUMBER IS NOT ACCEPTABLE)	
KEY	WEST FL 33040		83		
			04 05	85	Zip Code
			84 City	FL [®] [°]	
11. Pursuant	t to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the above-named cor horized by the corporat	paration cultimits this statement for the purpose of changing	its registered s registered
11. Pursuant office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga- Signature affect or product name of recisioned age	of Florida, Such change was automoted. Section 607.0505, Floridation of the inapplicable (NOTE: R	ta Statutes. Separation Agent algorithm require	poration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment as the property of the p	199
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14. I hereby certify that the information supplied with this filling 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 secsiver 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 changes, or on an attachment with an address, with all other likegempowered.

52 NAVE 5.3 STREET ADDRESS

6.1 TITLE

62 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Addition

FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90022 001 ***150.00