

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 11, 1999 8:00 am**  
**Secretary of State**

08-11-1999 90003 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000035087**

1. Corporation Name

**INTERVAL OF KEY WEST, INC.**



Principal Place of Business

21300 SW 234 STREET  
HOMESTEAD FL 33031

Mailing Address

21300 SW 234 STREET  
HOMESTEAD FL 33031

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/16/1998**

4. FEI Number

**65-0831615**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21 412 Greene Street**

Suite, Apt. #, etc.

City & State

**23 Key West, FL**

Zip Country

**24 33040**

2a. Mailing Address

**26 P.O. Box 6616**

Suite, Apt. #, etc.

City & State

**28 Key West, FL**

Zip Country

**29 33041**

**30**

9. Name and Address of Current Registered Agent

**DOUTHIT, MARC A**  
**10800 BISCAYNE BLDG STE 950**  
**MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name

**Robert A. Valle**

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

**412 Greene Street**

83

84 City

**Key West**

**FL**

85 Zip Code

**33040**

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

*R. Valle*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4 August 99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*R. Valle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4 August 99 (305) 292-5292**  
Date Daytime Phone #

CR2E034 (5/99)

P98000035087  
604159-90003-25

**Interval of Key West, Inc.**  
**P. O. Box 6616**  
**Key West, FL 33041**

**D/B/A Mocka Jumbi**  
**412 Greene Street**  
**Key West, FL 33040**  
**Phone/ Fax (305) 292-5292**

4 August 1999

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

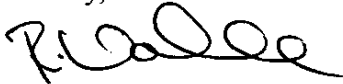
To Whom It May Concern:

On 1 August 1999 while visiting my parents, they handed me the "1999 Profit Corporation Annual Report Packet". For some reason unknown to me, the packet was delivered to their residential address. No previous letters or packets were ever received at that address or at our correct corporate address in Key West.

On 4 August 1999 I called the Division of Corporations number listed in the packet. I explained the error to Carolyn who told me I should write this letter explaining what had happened, along with the check for the normal filing fee.

The address correction has been made in the packet.

Sincerely,



Robert A. Valle, President

RV:ee