

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90003 049 \*\*\*550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P98000060867**

Corporation Name  
**ISLAND RESERVATIONS OF KEY WEST, INC.**



Principal Place of Business: 170 3RD AVE. KEY WEST FL 33040  
 Mailing Address: 5570 3RD AVE. KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1998

4. FEI Number

65-0848523

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

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 Zip Country

9. Name and Address of Current Registered Agent

HIGHSMITH, ROBERT E  
 1315 WHITEHEAD STREET  
 KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

1. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

FILE	D	MCGRAIL, PAUL	5570 3RD AVE. KEY WEST FL 33040	<input type="checkbox"/> DELETE
FILE	D	MCGRAIL, GREGG	5570 3RD AVE. KEY WEST FL 33040	<input type="checkbox"/> DELETE
FILE	D	SALINERO, FREDERICK A	5570 3RD AVE. KEY WEST FL 33040	<input type="checkbox"/> DELETE
FILE	D	RITCHIE, KENNETH W	5570 3RD AVE. KEY WEST FL 33040	<input type="checkbox"/> DELETE
FILE				<input type="checkbox"/> DELETE
FILE				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	✓	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	✓	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	✓	MCGRADY, GREGG	
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	✓	Trea	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	✓	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
 REQUIRED

7/1/99

Date

Daytime Phone #

CR2E034 (5/99)