

**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 Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

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 ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

D

MCGRAIL, PAUL  
 5570 3RD AVE.  
 KEY WEST FL 33040

FILE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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MCGRAIL, GREGG  
 5570 3RD AVE.  
 KEY WEST FL 33040

FILE ☐ DELETE

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 STREET ADDRESS  
 CITY-STATE-ZIP

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SALINERO, FREDERICK A  
 5570 3RD AVE.  
 KEY WEST FL 33040

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NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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RITCHIE, KENNETH W  
 5570 3RD AVE.  
 KEY WEST FL 33040

FILE ☐ DELETE

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11. TITLE

12. NAME

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

7/1/99

Date

Daytime Phone #

CR2E034 (5/99)