

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90120 028 ***158.75

DOCUMENT # P980001035411K

1. Corporation Name

Treasure Stars of Key West, Inc.

Principal Place of Business

400 C Duval Street
Key West, FL 33040

Mailing Address

6955 NW 77 Avenue
Suite 307
Miami, FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/98

4. FEI Number

☒ 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 Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 400 Duval Street

Suite, Apt. #, etc.

22 Suite 3

City & State

23 Key West FL

Zip

24 33040

Country

25 USA

2a. Mailing Address

26 6955 NW 77 Ave

Suite, Apt. #, etc.

27 Suite 307

City & State

28 Miami FL

Zip

29 33166

Country

30 USA

9. Name and Address of Current Registered Agent

National Registered Agents, Inc.
501 Bruchell Key Drive, Suite 602
Miami, FL 33133

10. Name and Address of New Registered Agent

81 Name

D. Reys

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

6955 NW 77 Avenue

83

Suite 307

84 City

Miami

FL

85 Zip Code
33166

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 obligation is 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)

3/31/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D Brax Freeman

STREET ADDRESS 400 C Duval Street

CITY-ST-ZIP Key West, FL 33040

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

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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

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Trudy Freeman TRUDY P. FREEMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

305-294-2488

Daytime Phone #

CR2E034 (11/98)