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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:47

DOCUMENT # V24679

(5)

1. Corporation Name

TEASERS OF KEY WEST, INC.

Principal Place of Business

1501 MULBERRY DRIVE
TAMPA FL 33604

Mailing Address

1501 MULBERRY DRIVE
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/27/1992

3a. Date of Last Report

01/28/1994

2. Principal Place of Business

21 1029 Truman Ave

2a. Mailing Address

26 P.O. BOX 24447

4. FEI Number

59-3134315

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Key West, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33040

25 USA

29 33623

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUETO, AMELIA MARIA
1501 MULBERRY DRIVE
TAMPA FL 33604

81 Name

Escuela, Albert Frank

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

1029 Truman Ave.

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

6/14/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUETO, AMELIA MARIA
STREET ADDRESS	1501 MULBERRY DRIVE
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D. Escuela, Albert Frank	Change ☐ Addition ☐
1.2 NAME	Pres. 1029 Truman Ave	
1.3 STREET ADDRESS	Key West, FL 33040	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Albert Escuela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/95

9-2 813 877-8507
12-5 805 293-0850