SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # V24679

(5)

TEASERS OF KEY WEST, INC. Principal Place of Business Mailing Address				
Principal Place of Business 1029 TRUMAN AVE KEY WEST FL 33040	Mailing Address P.O. BOX 24447 TAMPA FL 33623-4447		+ 12911 BINDING 17011 BINDING 18810 MI	n anan birin birit birit birit birit birit 1891
US	US		3. Date Incorporated or Qualified 03/27/1992	3a. Date of Last Report 06/22/1995
2. Principal Place of Business	2a. Mailing Address	VI-MO-1 0 -	4. FEI Number	Applied For
Suite, Apt. #, etc	26 1029 TK	<u>ruman Ave</u>	59-3134315	Not Applicable
2	27	_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	TO	6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 KEY W	ST TUD.	Trust Fund Contribution	Added to Fees
25	29 33040	30 Monro	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199 032. Yes 🌃 No
9. Name and Address of Cu		19011 - IOVICOC	10. Name and Address of New Reg	C. Salar
ESCUELA, ALBERT F.		81 Name		· · · · · · · · · · · · · · · · · · ·
1029 TRUMAN AVE.		82 Street Address (P.O. Box Number is Not Acceptable)		e)
KEY WEST FL 33040				
		83		
		84 City		FL 85 Zip Code
1. Pursuant to the provisions of Sections 607	.0502 and 607,1508. Florida Statute	es the above-named com	oration submits this statement for the nur	rooms of observing to receive a
office or registered agent, or both, in the S agent. I am familiar with, and accept the o			on's board of directors. I hereby accept t	the appointment as registered
IGNATURE	5			
Signature, typed or printed name of registers				
,		E. Bagistered Agent signature requir		DATE
2. OFFICERS	S AND DIRECTORS	13.	red when reinstaling) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
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TURE AND TYPED ON REUNIED NAME OF SIGNING OFFICER OF DIRECTOR