

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

FILED

Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V60853** (1)

1. Corporation Name
STRAND KEY WEST ENTERTAINMENT CORP.

Principal Place of Business 3044 SHEPARD OF THE HILLS EXPRESSWAY SUITE 307 BRANSON MO 65616 US	Mailing Address 3044 SHEPARD OF THE HILLS EXPRESSWAY SUITE 307 BRANSON F 65616 US
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2. Principal Place of Business 3044 Shepherd of the Hills Expwy.		2a. Mailing Address 3044 Shepherd of the Hills Expwy.		3. Date Incorporated or Qualified 08/31/1992	3a. Date of Last Report 03/14/1996
Suite, Apt. #, etc. Suite 307		Suite, Apt. #, etc. Suite 307		4. FEI Number 59-3139537	Applied For <input type="checkbox"/> Not Applicable
City & State Branson, MO		City & State Branson, MO		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 65616	Country US	Zip 65616	Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. 65616		25. US		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOONEY, STEPHEN R 200 SOUTH ORNAGE AVENUE SUN BANK CENTER SUITE 3000 ORLANDO FL 32801				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				85. Zip Code	

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, KAREL G.			1.2 NAME			
STREET ADDRESS	39 AVISTA CIR			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL			1.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, DAVID			2.2 NAME	Gray, David		
STREET ADDRESS	1700 OCEAN DRIVE			2.3 STREET ADDRESS	3545 Ocean Drive		
CITY-ST-ZIP	VERO BEACH FL			2.4 CITY-ST-ZIP	Vero Beach, FL 32963		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JEREMY			3.2 NAME			
STREET ADDRESS	391 SCOTTSDALE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	GUELPH ON			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACHTERBERG, CHARLES R			4.2 NAME	Achterberg, Charles R.		
STREET ADDRESS	3044 SHEPARD OF THE HILLS EXPWY #307			4.3 STREET ADDRESS	3044 Shepherd of the Hills Expwy., #307		
CITY-ST-ZIP	BRANSON MO			4.4 CITY-ST-ZIP	Branson, MO 65616		
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, PEGGY			5.2 NAME	Stewart, Peggy		
STREET ADDRESS	3044 SHEPARD OF THE HILLS EXPWY #307			5.3 STREET ADDRESS	3044 Shepherd of the Hills Expwy., #307		
CITY-ST-ZIP	BRANSON MO			5.4 CITY-ST-ZIP	Branson, MO 65616		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0527061

CR2E034 (9/96)