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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V73840

(3)

1. Corporation Name

BEST OF KEY WEST, INC.

Principal Place of Business

819 PEACOCK PLAZA #581
KEY WEST FL 33040

Mailing Address

517 WHITEHEAD ST
KEY WEST FL 33040-6546
US



3. Date Incorporated or Qualified

10/22/1992

3a. Date of Last Report

01/31/1996

4. FEI Number

65-0362343

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

2. Principal Place of Business

21 819 Peacock Plaza

Suite, Apt. #, etc.

22 #285

City & State

23 Key West, FL

Zip

24 33040

Country

25 Monroe

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CATALFOMO, ANTHONY J.
517 WHITEHEAD ST
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

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

Anthony Catalfomo
Signature typed or printed name of registered agent and the corporation

ANTHONY CATALFOMO
(NOTE: Registered Agent signature required when reinstating)

01-32-97
DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☒ DELETE
NAME BAKER, JOHN P.
STREET ADDRESS 819 PEACOCK PLAZA #581
CITY-ST-ZIP KEY WEST FL

TITLE D ☒ DELETE
NAME BAKER, JOHN P.
STREET ADDRESS 819 PEACOCK PLAZA #581
CITY-ST-ZIP KEY WEST FL

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
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition
1.2 NAME Richard Weiner
1.3 STREET ADDRESS 906 Von Phister Street
1.4 CITY-ST-ZIP Key West, FL 33040

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Richard Weiner
2.3 STREET ADDRESS 906 Von Phister Street
2.4 CITY-ST-ZIP Key West, FL 33040

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 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: Richard Weiner

01/30/97

CR2E034 (9/96)