

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000082778 (9)**

1. Corporation Name

**CARLA OF KEY WEST CORP.**



Principal Place of Business

Mailing Address

905 WHITE ST  
KEY WEST FL 33040

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KEY WEST FL 33040

|                                                                                                                                                             |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>11/14/1994</b>                                                                                                      | 3a. Date of Last Report<br><b>07/14/1995</b> |
| 4. FFI Number<br><b>65-0537775</b>                                                                                                                          | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST  
SUITE 1  
TALLAHASSEE FL 32301

|                                                                               |
|-------------------------------------------------------------------------------|
| 81 Name<br><b>CARLA BISCARDI</b>                                              |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>909 WHITE ST.</b> |
| 83                                                                            |
| 84 City<br><b>KEY WEST</b>                                                    |
| 85 Zip Code<br><b>FL 33040</b>                                                |

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: *Carla Biscardi* **CARLA BISCARDI, REGISTERED AGENT** 2/19/96

| 12. OFFICERS AND DIRECTORS |                                          |
|----------------------------|------------------------------------------|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>PENTZ, FRANCESCA</b>                  |
| STREET ADDRESS             | <b>905-907 WHITE ST</b>                  |
| CITY - ST - ZIP            | <b>KEY WEST FL 33040</b>                 |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>BISCARDI, CARLA</b>                   |
| STREET ADDRESS             | <b>905-907 WHITE ST</b>                  |
| CITY - ST - ZIP            | <b>KEY WEST FL 33040</b>                 |
| TITLE                      | <input type="checkbox"/> DELETE          |
| NAME                       |                                          |
| STREET ADDRESS             |                                          |
| CITY - ST - ZIP            |                                          |
| TITLE                      | <input type="checkbox"/> DELETE          |
| NAME                       |                                          |
| STREET ADDRESS             |                                          |
| CITY - ST - ZIP            |                                          |
| TITLE                      | <input type="checkbox"/> DELETE          |
| NAME                       |                                          |
| STREET ADDRESS             |                                          |
| CITY - ST - ZIP            |                                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME                                              |                                                                              |
| 1.3 STREET ADDRESS                                    |                                                                              |
| 1.4 CITY - ST - ZIP                                   |                                                                              |
| 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              | <b>BISCARDI, CARLA</b>                                                       |
| 2.3 STREET ADDRESS                                    |                                                                              |
| 2.4 CITY - ST - ZIP                                   |                                                                              |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME                                              |                                                                              |
| 3.3 STREET ADDRESS                                    |                                                                              |
| 3.4 CITY - ST - ZIP                                   |                                                                              |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME                                              |                                                                              |
| 4.3 STREET ADDRESS                                    |                                                                              |
| 4.4 CITY - ST - ZIP                                   |                                                                              |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME                                              |                                                                              |
| 5.3 STREET ADDRESS                                    |                                                                              |
| 5.4 CITY - ST - ZIP                                   |                                                                              |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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: *Carla Biscardi* **CARLA BISCARDI** 2/19/96 (305) 295-4599

CR2E034 (12/95)