

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 # **J25058** (5)

1. Corporation Name
KEY LARGO RESTAURANT, INC.



Principal Place of Business: **4901 LAKE CECILE DR, KISSIMMEE FL 34746, US**
Mailing Address: **4901 LAKE CECILE DR, KISSIMMEE FL 34746, US**

3. Date Incorporated or Qualified: **07/18/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-2748632**
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

9. Name and Address of Current Registered Agent: **D'AMICO, JOSEPHINE M., 4901 LAKE CECILE DR, KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	D'AMICO, JOSEPHINE	
STREET ADDRESS	4901 LAKE CECILE DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	INCATASCIATO, AGGRIPINO	
STREET ADDRESS	4921 LAKE CECILE DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	INCATASCIATO, MARIA	
STREET ADDRESS	4921 LAKE CECILE DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	D'AMICO, JOSEPH	
STREET ADDRESS	5035 WARRIOR LANE	
CITY-ST-ZIP	KISSIMMEE FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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	

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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: Josephine D'Amico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 1996 (407) 396-6398
Date Daytime Phone #

CR2E034 (12/95)