## FILE NOW: FILING FEE AFTER MAY 1ST (\$ \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1000

Feb 23 1998 8:00am Secretary of State

1990			
DOCUMENT # P94000			
Gato Gordo Cafe of	Key West, I	NC.	
	*		
Principal Place of Business	Mailing Address		
404 Southard St.	_		
14 . 1 . 1 . 1 . 2 . 3 . 0 4 C	SAMO	<b>L</b>	DO NOT WRITE IN THIS SPACE
Kay West, FL 33040	•		3. Date Incorporated or Qualified
			<u> </u>
2. Principal Place of Business	28. Mailing Address	•	4. FEI Number Applied For
21 404 Southard St		Ame	(05 050 1778   Not Applicable
Suite, Apl #, etc.	Suite, Apl. #. etc.		5. Certificate of Status Desired
City & State	City & State		6. Election Campaign Financing \$5,00 May Be
23 Key West, FL	28		Trust Fund Contribution  Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 33040 25 USA 9. Name and Address of Curre		30	Personal Property Tax due June 30.  No
1	in registered Agent	81 Name	
Lupe Flores			dichael L Shurm didress (P.O. Box Number is Not Acceptable)
you southard st.			64 Southard St.
Key West, FL 33	040	83	
——————————————————————————————————————		84 City	85 Zip Code
	1007 (500 5)		Key West FL 33040
1 : after a recombined agent or both in the Ctate	of Elorido. Cuch observo was au	thorized by the corne	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
agent I am familiar with, and accept the only	Atlans of, Section 607.0505, Flori	ida Statutes.	1/3/198
SIGNATURE Signature tyles the predict carrier of registric and	on and their applicable (NOTE	Registered Agent signature of	
L ·	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE President	DELETE	1.1 TITLE	President Michael L. Shurm
NAME Upc Flores street ADDRESS you swthard 5	t	1.2 NAME 1.3 STREET ADDRESS	you southard st.
CITY STATE THE KEY WEST, FL	" "33040	14 CITY-ST-ZIP	Key West, FL 33040
TITLE	DELETE	21 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
C(1)Y-S1-ZIP	DESCRIP	2 4 C/TY - S1 - Z/P	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition:
NAME NAME		3 2 NAME 3 3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		3.4 CITY-ST-ZIP	
THTLE	☐ DELETE	41 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP	☐ DELETE	44 CITY - ST-ZIP	
TITLE	DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME STREET ADORESS		5 2 NAME 5 3 STREET ADDRESS	
STREET ADDRESS  CITY-S1- ZiP		5.4 CITY - ST- ZIP	
TITLE	DELETE	6.1 THU!	☐ Change ☐ Addition
NAME		6.2 NAME	5000024395550c -02/24/9801088008 ***150.00
STREET ADDRESS		6.3 STREET ADDRESS	-U2/24/35U1838U88 / <b>2.23</b>
CITY CT 710		6 A CITY - ST - ZID	****10U.UU

14. Thereby 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 suppliemental 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 of 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 or an attachment with an address.

SIGNATURE:

305.294.0888