

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

FILED  
Feb 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P94000046355  
1. Corporation Name  
**Gato Gordo Cafe of Key West, Inc.**

Principal Place of Business <b>404 Southard St. Key West, FL 33040</b>	Mailing Address <b>SAME</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>404 Southard St</b>	26 <b>SAME</b>			<b>6/14/94</b>	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
				<b>65 050 1778</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
<b>Key West, FL</b>				<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
<b>33040</b>		<b>USA</b>		<b>\$5.00 May Be Added to Fees</b>	
24		25		29	
				30	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**Lupe Flores**  
**404 Southard St.**  
**Key West, FL 33040**

**10. Name and Address of New Registered Agent**

81 Name	<b>Michael L. Shurm</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>404 Southard St.</b>
83	
84 City	<b>Key West</b>
85 State	<b>FL</b>
86 Zip Code	<b>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 conditions of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael Shurm DATE: **1/31/98**  
Signature for the purpose of a registered agent and director applicable. (NOT: Registered Agent signature required when registering)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>President</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Lupe Flores</b>	
STREET ADDRESS	<b>404 Southard 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Michael L. Shurm</b>	
1.3 STREET ADDRESS	<b>404 Southard St.</b>	
1.4 CITY-ST-ZIP	<b>Key West, FL 33040</b>	
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		

**500002439555 DE**  
**-02/24/98--01088--008 223**  
**\*\*\*150.00**

14. I 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: Michael Shurm DATE: **1/31/98** FILING FEE: **305.294.088P**

CR2E034 (10/97)