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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 639727

(7)

FILED Apr 23 1997 8:00am Secretary of State

KEY WEST RAW BAR, INC. Principal Place of Business Mailing Address 231 MARGARET STREET KEY WEST FL 33040 KEY WEST FL 33040-6639						
				3. Date Incorporated or Qualified		
Carren C	Francis and Company	Ta. C. T. A. C.		10/16/1979	02/27/19	
n .	Place of Business	2a. Mailing Address		4. FEI Number 59-1941388	<u> </u>	Applied For Not Applicable
Suite, Apt	l #, elc.	Suite, Apt #, etc.		5. Certificate of Status Desired		75 Additional
		27		U. Collineate of Olates Desired	Fe Fe	e Required
City & Sta	ate .	City & State		Election Campaign Financing Trust Fund Contribution		.00 May Be
Ч Zip	Country	Zip	Country	8. This corporation has liability fo		
]	25	29	30		Yes No	JOI 6. 100.00E,
+···	9. Name and Address of Curre			10. Name and Address of New R	tegistered Agent	
TRI	IPP, PAUL		81 Name			
	1 MARGARET STREET		82 Street Add	dress (P.O. Box Number is Not Accepta	able)	
KE'	Y WEST FL 33040					
			83			
			84 City		85	Zip Code
						,
			authorized by the corpora orida Statutes.	poration submits this statement for the ation's board of directors. I hereby according to the control of the co	ept the appointme	nt as registered
GNATURE	Signature typica or purchal name of registered a OFFICERS A	gent and title if applicable (NOT ND DIRECTORS	E Registered Agent signature requ		DAYE ICERS AND DIREC	CTORS IN 12
SIGNATURE 12. IIII	System 19 on a underlangue of registered a OFFICERS A	gent and the if applicable (NOT	E: Registered Agent signature requirements 13.	uired when reinstating)	DATE	CTORS IN 12
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4. I do hereby certify that the information supplied with this filling 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 4 made under oath; that I am an officer or director of the corporation or the receiver or trustee appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/50

(305) 294-498L