

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED AND FILED

95 JUL 26 AM 9:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # L50535 (8)

**1. Corporation Name
GREAT LAKES RESTAURANTS OF KEY WEST, INC.**

Principal Place of Business: P O BOX 6088 KEY WEST FL 33041
Mailing Address: P O BOX 6088 KEY WEST FL 33041

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0182605
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Has this Corporation Entered into a Franchise Contract? [] \$5.00 May Be Added to Fees
6. Has this Corporation Incurred an Adjudicated Tax Liability Under 1207.001 Florida Statutes? [] Yes [] No

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

9. Name and Address of Current Registered Agent: MICHAEL B. WALKER, 777 BRICKELL AVE., SUITE 900, MIAMI 33131
10. Name and Address of New Registered Agent: 81. Name, 82. Street Address, P.O. Box Number is Not Acceptable, 83., 84. City, FL, 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.14(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 hereby advised and accept the obligations of Section 607.01(2), Florida Statutes.

SIGNATURE: [Signature] Title: [Title]

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENTS	
NAME: D SELLERS, WILLIAM	2120 N ROOSEVELT BLVD. KEY WEST FL	1. NAME: [Blank]	2. STREET ADDRESS: [Blank]
NAME: D SELLERS, STEVE	2120 N ROOSEVELT BLVD. KEY WEST FL	3. NAME: [Blank]	4. STREET ADDRESS: [Blank]
NAME: D SELLERS, SUE	2120 N ROOSEVELT BLVD. KEY WEST FL	5. NAME: [Blank]	6. STREET ADDRESS: [Blank]
NAME: [Blank]	[Blank]	7. NAME: [Blank]	8. STREET ADDRESS: [Blank]
NAME: [Blank]	[Blank]	9. NAME: [Blank]	10. STREET ADDRESS: [Blank]
NAME: [Blank]	[Blank]	11. NAME: [Blank]	12. STREET ADDRESS: [Blank]
NAME: [Blank]	[Blank]	13. NAME: [Blank]	14. STREET ADDRESS: [Blank]
NAME: [Blank]	[Blank]	15. NAME: [Blank]	16. STREET ADDRESS: [Blank]
NAME: [Blank]	[Blank]	17. NAME: [Blank]	18. STREET ADDRESS: [Blank]

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****225.00 ****225.00**

[Signature]

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1207.001, Florida Statutes. I further certify that this information is included in this annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 1207, Florida Statutes, and that my name appears in Block 12 of this document as an authorized officer or director.

SIGNATURE: [Signature] 7/20/95 305 296 8384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)