

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000000983 (5)**  
1. Corporation Name  
**FLORIDA KEYS RESTAURANT ASSOCIATION, INC.**



Principal Place of Business <b>209 DUVAL ST. KEY WEST FL 33040</b>	Mailing Address <b>209 DUVAL ST. KEY WEST FL 33040-6588</b>
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<b>21</b> Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>02/28/1995</b>	<b>3a.</b> Date of Last Report <b>03/14/1996</b>
<b>4.</b> FEI Number <b>59-2299467</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**MICHAEL HALPERN, P.A.**  
**209 DUVAL STREET**  
**KEY WEST FL 33040**

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HALPERN, MICHAEL</b>
STREET ADDRESS	<b>209 DUVAL ST.</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BAUER, CHARLIE</b>
STREET ADDRESS	<b>400 FRONT ST.</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TILLMAN, FRED</b>
STREET ADDRESS	<b>303 WHITEHEAD ST.</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BOUCHER, KEVIN</b>
STREET ADDRESS	<b>500 DUVAL ST.</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LYONS, DENNIS</b>
STREET ADDRESS	<b>1990 N. ROOSEVELT BLVD.</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>
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	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Halpern 1/9/97 305-296-5667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024502

CR2E037 (9/96)