SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION annuàl report

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P94000026336 (5)

KEY WEST CULINARY ENTERPRISES. INC.

Principal Place of Business Mailing Address 5770 W. IRLO BRONSON 5770 W. IRLO BRONSON HWY #128 #128 DO NOT WRITE IN THIS SPACE KISSIMMEE FL 34746 KISSIMMEE FL 34746 3. Date Incorporated or Qualified 3a. Date of Last Report 04/05/1994 07/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3242057 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ABDO, JAMIL 5770 W. IRLO BRONSON HWY 82 Street Address (P.O. Box Number is Not Acceptable) #128 83 KISSIMMEE FL 34748 84 City 85 Zip Code 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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent a gnature required when reinstating) Signature, typed or printed name of registered agent and little if applicable 12 OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE ABDO, JAMIL NAME 1.2 NAME **8026 BAY LAKES COURT** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 300002312513-TITLE 2.1 TITLE NAME 22 NAME -10/06/97--01099---005 STREET ADORESS 2.3 STREET ADDRESS ****550.00 ****550.00 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 3.1 TiTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY - ST - ZIP DELETE Change Addition TITLE 4.1 THLE NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAM6 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP ☐ DELETE TITLE 6.1 1111.6 NAME 6.2 NAME

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 eath; 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 chapted, or on an attachment with an address.

CIGNIATIIDE.

STREET ADDRESS

CITY-ST-ZIP

63 STREET ADDRESS

407.397 7411

APPROVED

AND

1997 OCT -2 AM 2: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA