

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

FILED

May 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000036051 (8)

1. Corporation Name
KEY WEST KITCHENS, INC.

Principal Place of Business
6445 S. OLD FLORAL CITY ROAD
FLORAL CITY FL 32536

Mailing Address
6445 S. OLD FLORAL CITY ROAD
FLORAL CITY FL 34436-2326



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1994		3a. Date of Last Report 04/29/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3250055		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HOGLUND, JOHN
6445 S. OLD FLORAL CITY ROAD
FLORAL CITY FL 32536

10. Name and Address of New Registered Agent

81 Name	Stefanie Hoglund
82 Street Address (P.O. Box Number is Not Acceptable)	6445 S. Old Floral City Rd
83	
84 City	FLORAL CITY
85 Zip Code	FL 34436

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: *Stefanie Hoglund* (NOTE: Registered Agent signature required when reinstating) DATE: May 10 - 97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HOGLUND, JOHN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGLUND, JOHN	1.2 NAME	
STREET ADDRESS	6445 S. OLD FLORAL CITY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	1.4 CITY-ST-ZIP	
TITLE	D STAFFORD, FRANK E JR.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, FRANK E JR.	2.2 NAME	
STREET ADDRESS	7220 S.W. 19TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34476	2.4 CITY-ST-ZIP	
TITLE	ST HOGLUND, DAN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGLUND, DAN	3.2 NAME	
STREET ADDRESS	127 MOCKINGBIRD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKRIDGE TN	3.4 CITY-ST-ZIP	
TITLE	P Stefanie Hoglund	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stefanie Hoglund	4.2 NAME	
STREET ADDRESS	6445 S. Old Floral City Rd	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY, FLA 34436	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* x 4/21/97 352 3444702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)