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Apr 16 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 # P94000064598 (3)

1. Corporation Name  
MONTEGO BAY FOOD & SPIRITS, INC.



Principal Place of Business: 30067 OVERSEAS HWY HWY 1 VIK-PHND KEY FL 33043 US  
Mailing Address: PO BOX 430616 ~~PO BOX 431676~~ Delete BIG PINE KEY FL 33043-0616 US

3. Date Incorporated or Qualified: 08/29/1994  
3a. Date of Last Report: 07/18/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc.:  
22 City & State: Big Pine Key, FL  
23 Zip: 33043 Country: USA  
24  
2a. Mailing Address: 26 PO Box 430616 Suite, Apt. #, etc.:  
27 City & State: Big Pine Key, FL  
28 Zip: 33043-0616 Country: USA  
29 30

4. FEI Number: 65-0518525 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
WHITTAKER, EDWIN A  
920 CARRIBEAN DR E  
SUMMERLAND KEY FL 33042

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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 signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: PD  
NAME: WHITTAKER, EDWIN  
STREET ADDRESS: 920 CARRIBEAN DR, E  
CITY - ST - ZIP: SUMMERLAND KEY FL 33042  
TITLE: VPD  
NAME: WHITTAKER, GAYLE  
STREET ADDRESS: 920 CARRIBEAN DR, E  
CITY - ST - ZIP: SUMMERLAND KEY FL 33042  
TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gayle Whittaker* Gayle Whittaker 3/28/97 745-2960 (305)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)