F[illegible]E NOW: FILING FEE AFTER MAY 1 IS $55[illegible].00

FILED
Feb 11 1997 8:00am
Secretary of State

[illegible]ROFIT
C[illegible]ORATION
AN[illegible]AL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mo[illegible]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089867 (3)

1. Corporation Name
KITTY'S SALOON, INC.

Principal Place of Business	Mailing Address
1219 SOUTH CONGRESS AVE. **WEST PALM BEACH FL 33406**	**1219 SOUTH CONGRESS AVE.** **WEST PALM BEACH FL 33406-5172**

3. Date Incorporated or Qualified: **12/12/1994**
3a. Date of Last Report: **11/21/1996**

2. Principal Place of Business
21 [illegible]
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **65063814 - 650638114** ☐ 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

SIMONE, MADELINE
562 SANTA FE ROAD
WEST PLAM BEACH FL 33406

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PSD** **SIMONE, MADELINE** **1219 SO. CONGRESS AVENUE** **WEST PALM BEACH FL 33406** ☐ DELETE	1.TITLE / 1.NAME / 1.STREET ADDRESS / 1.CITY-ST-ZIP	V. P. DIR. ROBERT SIMONE 562 SANTA FE Rd. W.P.B. FL. 33406 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.TITLE / 2.NAME / 2.STREET ADDRESS / 2.CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.TITLE / 3.NAME / 3.STREET ADDRESS / 3.CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.TITLE / 4.NAME / 4.STREET ADDRESS / 4.CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.TITLE / 5.NAME / 5.STREET ADDRESS / 5.CITY-ST-ZIP	☐ Change ☐ Addition 2/11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.TITLE / 6.NAME / 6.STREET ADDRESS / 6.CITY-ST-ZIP	☐ Change ☐ Addition $165 BANK

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 [illegible] 1-14-97 561-863-3808

CR2E034 (9/96)