

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Feb 05 1997 8:00am
Secretary of State

DOCUMENT # P95000012688 (4)

1. Corporation Name:
MCKAY-BROOM, INC.



Principal Place of Business
CAFE P.J.
24123 C3 PEACHLAND BLVD
PORT CHARLOTTE FL 33954

Mailing Address
CAFE P.J.
24123 C3 PEACHLAND BLVD
PORT CHARLOTTE FL 33854

3. Date Incorporated or Qualified 02/14/1995	3a. Date of Last Report 03/07/1996
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4. FEI Number	Applied For
65-0517435	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

RAMON CARRION, P.A.
28100 U.S. 19 NORTH
SUITE 502
CLEARWATER FL 34621

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** _____

Stamp as Agent 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
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TITLE		<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME MCKAY, SALLY			1.2 NAME		
STREET ADDRESS 1360 RIO DE JANIERO #108			1.3 STREET ADDRESS		
CITY - ST - ZIP PORT CHARLOTTE FL 33989			1.4 CITY - ST - ZIP		
TITLE VP		<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME BROOM, DARREN			2.2 NAME		
STREET ADDRESS 1360 RIO DE JANIERO #108			2.3 STREET ADDRESS		
CITY - ST - ZIP PORT CHARLOTTE FL 33989			2.4 CITY - ST - ZIP		
TITLE P		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME MCKAY SALLY.			3.2 NAME		
STREET ADDRESS 76 Madre De Dio's St			3.3 STREET ADDRESS		
CITY - ST - ZIP Punta Gorda FL 33983.			3.4 CITY - ST - ZIP		
TITLE V.P.		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME Broom DARREN.			4.2 NAME		
STREET ADDRESS 76 Madre De Dio's St			4.3 STREET ADDRESS		
CITY - ST - ZIP Punta Gorda FL 33983			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97 941-743-8088

Date _____

Glycine: F(8,136) = 11

CR2E034 (9/96)