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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

202 DUVAL ST



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039353 (4)

RICK'S & DURTY HARRY'S ENTERTAINMENT COMPLEX, IN C.

KEY WEST FL 33040 KEY WEST FL 33040-6508 3. Date Incorporated or Qualified Sa. Date of Last Report 05/17/1995 05/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-041528**1** 26 Not Applicable Suite, Apt. #, oto Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Ζip Country Zip This corporation has liability for intangible tax under s. 199,032, Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Rossi, Mark 202 DUVAL ST 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 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: typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. Change Addition DILE DELETE 1.1 TITLE ROSSI, MARK 1.2 NAME CR2E034 NAME 202 DUVAL ST 1.3 STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 1.4 CITY - ST - ZIP CD1Y - S1 - ZIP DELETE ☐ Change ___ Addition THILE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-Zi-2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THEF NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - 2IP CHTY-SI-Zir DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CHY-S1-7P DELETE Change Addition 5.1 TITLE T:DE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST 20 54 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 61 TITLE . TITLE NAME 62 NAME **6.3 STREET ADDRESS** STREET ADDRESS 64 CHY-ST-ZIP CUTY-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 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 changed, or in an address.