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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000044390 1. Corporation Name

May 17, 1999 8:00 am Secretary of State

05-17-1999 90077 033 ***150.00

JADE DRIVE CONFORATION .--.a. 'anal 'anal 'ama (alla 21115 2111 122) DBA BEN + JETURY'S OF KEY WEST ess Mailing Address 555966 - 90077 - 33 Principal Place of Business 425 FRONT STREET KEY WEST, FLOMBA 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed Applied For 4. FFI Number 2a. Mailing Address 2. Principal Place of Business 65-0587011 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. □No 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Augo Ruskin Street Address (P.O. Box Number is Not Acceptable) 82 606 Frames AVE#3 83 KEY WEST, Fr. 33040 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required who ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ___ Change Addition ☐ DELETE me 1.1 TITLE 1.2 NAME NAME 1.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-7IP CITY-ST-ZIP

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 polemental 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 or the receiver or mustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information indicated on this annual report of officer or director of the corpora Block 12 or Block 13 if change

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)