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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000057415 (8)

## **CONCH CHATTER CAFE COMPANY**

Principal Place of Business Mailing Address						-{			
1606 FLAGLER KEY WEST FL	AVE	2800 PATTERSO KEY WEST FL 3	N AVENUE						
US						3. Date Incorporated or Qualified 07/24/1995	3a. Date of 04/17/1		port
2. Principal P	lace of Business	2a. Mailing Add	lress			4. FEI Number			olied For
21		26				65-0618401			Applicable
Suite, Apt. #, etc Suite, Apt. #, etc 27			t, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State				Election Campaign Financing     Trust Fund Contribution		5.00 i Added to	
Zipi 24	Country 25	Zip 29	30	Country	<i>'</i>		Yes No	)	199.032,
	g, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered Agen	A	
HER	RNANDEZ, FRANKLIN D			81	Name				
2800 PATTERSON AVENUE KEY WEST FL 33040					Street Ac	ess (P.O. Box Number is Not Acceptable)			
7121	1120112 00010			83					
				84	City		E1 85	Zip C	òde
office or r agent. La SIGNATURE.	to the provisions of Sections our oregistered agent, or both, in the State in familiar with, and accept the oblig State or protections or registered agents.	e of Florida. Such cha gations of, Section 607	nge was auth 7.0505, Florida	orized by a Statute	y the corpo s.	orporation submits this statement for the pration's board of directors. I hereby acceptable to the properties of the pro	ot the appointm	ent as r	egistered
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	ECTOR	3 IN 12
TIFLE	D		DELETE	1.1 TITLE				Change	Addition
NAME	HERNANDEZ, FRANKLIN D			1.2 NAME					
STRUET ADERESS	2800 PATTERSON AVENUE	,		1.3 STREE	T ADDRESS				
CITY - ST - ZIP	KEY WEST FL 33040			1.4 CITY-5	ST-ZIP				
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NAM:				2.2 NAME	}		+4		
STREET ADDRESS			1	23 STREE	T ADDRESS				
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STREET ADDRESS					T ADDRESS				
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TITEF		<u></u> ].[	DELETE	4.1 TITLE			IJ,	Change	Additio
NAME	1	1		4.2 NAME	1				
STREET ACORESS				4.3 STREET	ADDRESS				

64 CITY-SI-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 proof of 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 comporation in the entry error trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 38 if chapter, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

4.4 CITY - ST - ZIP

5 3 STREET ADDRESS 5 4 City - ST - ZIP

6.3 STREET ADDRESS

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

011Y - S1 - Z:P

COTY - ST. ZVE

STREET ADDRESS

Till E

NAME STREET ADORESS

TITLE

NAME

\_\_\_\_\_

April 23ml 1997 (305) 292-178

Change

Change

Addition

Addition

**FILED** 

May 14 1997 8:00am

Secretary of State