SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000063848 (2)**

1. Corporation Name
AROUSED PALATE CAFE, INC.

Principal Place of Business	Mailing Address
829 FLEMING STREET **KEY WEST FL 33040**	**829 FLEMING STREET** **KEY WEST FL 33040**

3. Date Incorporated or Qualified: **08/17/1995**
3a. Date of Last Report:

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

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

4. FEI Number: [X] 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 [X] No

9. Name and Address of Current Registered Agent

GARCIA, MANUEL E
820 SIMONTON STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: Roberta S Fine
82 Street Address (P.O. Box Number is Not Acceptable): 818 White St
83:
84 City: Key West FL 85 Zip Code: 33040

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: Roberta S. Fine 17 June 96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	PD	[ ]	11 TITLE	PD	[X] [ ]
NAME	MCGINNIS, RICHARD		12 NAME	McGinnis, Richard	
STREET ADDRESS	508B ELIZABETH STREET		13 STREET ADDRESS	732 LOVE LANE	
CITY-ST-ZIP	KEY WEST FL 33040		14 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	STD	[ ]	21 TITLE	VPD	[X] [ ]
NAME	VICARI, MICHELE		22 NAME	VICARI, MICHELE	
STREET ADDRESS	508B ELIZABETH STREET		23 STREET ADDRESS	732 LOVE LANE	
CITY-ST-ZIP	KEY WEST FL 33040		24 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	VPD	[X]	31 TITLE		[ ] [ ]
NAME	WESTON, MICHAEL		32 NAME		
STREET ADDRESS	1501 TRUMAN AVENUE		33 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		34 CITY-ST-ZIP		
TITLE		[ ]	41 TITLE		[ ] [ ]
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS	600001913346	
CITY-ST-ZIP			44 CITY-ST-ZIP	-08/06/96--01006--035	
TITLE		[ ]	51 TITLE	***225.00	[ ] [ ]
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ]	61 TITLE		[ ] [X]
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-96
Date

305-292-7226
Daytime Phone #