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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000064632 (9)

BOURBON STREET PUB, INC.

Principal Place of Business

Mailing Address

1013 TRUMAN AVENUE KEY WEST FL \$3040 1013 TRUMAN AVENUE KEY WEST FL 33040

FILED Apr 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

2 Date Incorporated or Qualified

					08/22/1995				
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For		
21 724 Daval Street 26				· ··	65-0606106		Not Applicable		
Suite, Apt. #, etc.					5, Certificate of Status Desired	Γ٦	\$8.75		
22 27							Fee Re		
City & State	City & State	prate		Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1			
Zip Country Zip			Country		8. This corporation owes or has p	paid the cur	rent year Int	angible	
24 330	40 25	29 30	0		Personal Property Tax due Jur	_		Í No │	
e, reality and reality of outliers violations right					10. Name and Address of New F	tegistered	Agent		
SCHROEDER, JOSEPH J				Name				J	
1013 TRUMAN AVENUE				62 Street Address (P.O. Box Number is Not Acceptable)					
KEY WEST FL 33040									
				83					
				84 City					
44 5	45		L		_ <u></u>				
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 product name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 12	
TITLE	D	DELETE	1.1 TITLE		P/V/T/5/10 _		Change	Addition	
NAME	SCHROEDER, JOSEPH J		1.2 NAME	ŀ	Schroeder, Joseph J	•		1	
STREET ADDRESS	1202 THOMPSON STREET		1.3 STREET	ADDRESS	1202 Thompson				
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-S	T-ZIP	Schroeder, Joseph J 1202 Thompson Key West, FL 330	40			
TITLE		DELETE	2.1 TITLE				☐ Change	Addition	
NAME			2.2 NAME					ļ	
STREET ADDRESS			2.3 STREET	ADDRESS				ŀ	
CITY-ST-ZIP	_		2. 4 CITY - 5	ST-ZIP		*		J	
TITLE		DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAME					1	
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CfTY - S	ST - Z(P					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME					ĺ	
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CHY-S	T-ZIP					
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME	1				ļ	
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		DELETE	6 1 TITLE				Change	Addition	
NAME			6.2 NAME	ľ					
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-S	r-zip					
14. Thereby certify that the information supplied with this filing doos 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 in an attachment with an address.									