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

PROFIT CORPORATION ANNUAL REPORT



appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000096496 (1)

MONKEY BARREL, INC.

Principal Place of Business Mailing Address VILLAGE SHOPS **VILLAGE SHOPS** VILLA #1 AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32034-0215 3. Date Incorporated or Qualified 3a. Date of Last Report 12/21/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-3348712 Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country 30 Florida Statutes Yes No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KOLAR, ERIC S 36 SEA MARSH RD. 82 Street Address (P.O. Box Number is Not Acceptable) AMELIA ISLAND FL 32034 83 City 85 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. Score as type doe printed name of registered agont and of a opticable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 111.4 11 TITLE NAME KOLAR, JANET H 1.2 NAME 36 SEA MARSH RD. 1.3 STREET ADDRESS SERE! LADDRESS AMELIA ISLAND FL 32034 1.4 CITY-ST-ZIP CITY-ST 205 Change DELETE STKD Addition TiffLE 2.1 TITLE STRD Dobrosky, DINA 2413 14 Ave N-4 DEBORSKY, DINA 2.2 NAME NAME STREET ADDRESS 328 N. 15TH ST. 2.3 STREET ADDRESS Fernandina Bch. FL FERANDINA BCH. FL 32034 2.4 CITY-ST-ZIP C(1) - \$1 - 2(F) DELETE Change Addition THUE 3.1 TITLE NAM 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 011Y-51-74 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THE 4. 2 NAME NAMI 4.3 STREET ADDRESS STREET ACORESS 4.4 CITY - ST - ZIP CHY-ST-ZiP Change DELETE Addition 5.1 TITLE THUS 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHY-St 72 DELETE Addition 6.1 TITLE Change 1.114 6.2 NAME NAM 6.3 STREET ADDRESS STEEF! ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 Lam 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