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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600009678 (9)

JAY KELL Y'S LITTLE ITALY, INC.

Principal Place of Business Mailing Address 11328 OKEECHOBEE BLVD. #3 11328 OKEECHOBEE BLVD. #3 ROYAL PALM BEACH FL 33411-8733 ROYAL PALM BEACH FL 33411 3. Date incorporated or Qualified 3a. Date of Last Report 01/29/1996 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country This corporation has flability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 KELL Y, JAY 11328 OKEECHOBEE BLVD. #3 82 Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM BEACH FL 33411 83 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 Tapplicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 1.4 CITY-ST-ZIP Change Addition TITLE 2.1 TITLE RSident NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CiTY - ST - ZIP 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 THLE Change TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 117LE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition 6.1 TITLE Change TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 64 CITY - ST-ZIP CITY - ST - ZIP

14. I do horeby 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 glinual 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

hanged, or on an attachment with an address.