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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 31 1997 8:00am Secretary of State

	1997	2.33.35	CORPORATIONS		,		
	MENT # P9600 I's Tavern Inc.	00026611 (9)		F Jachasi Ma chua pith agik aunn gach	EMIA HAM BIJO ANJI KIDI HAN 1991		
Principal Place of Business Mailing Address 801 EAST STRAWBRIDGE AVENUE 801 EAST STRAWBRIDGE A MELBOURNE FL 32901 4738						1	
				3. Date Incorporated or Qualified 03/20/1996	3a. Date of Last Report		
	lace of Business	2a. Mailing Address		4. FEI Number 59-3374 060	Applied For	\exists	
21 Suite, Apt.	#, etc.	Suite, Apt #, etc.			Not Applicable \$8.75 Additional	<u>e</u>	
22		27		5. Certificate of Status Desired	Fee Required		
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be		
23	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for it	Added to Fees	\dashv	
24	25	29	30	Florida Statutes	Yes 📈 No	╝	
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent	_	
	LS, YVONNE EAST STRAWBRIDGE AVENI	IE .	ai Mairie	Kayes, Yvanni Wa	Us		
	BOURNE FL 32901	<i>.</i> .	82 Street	Address (P.O. Box Number is Not Acceptable 5 7 CAW OK 10	Le AUINSE	-	
			63		8		
			84 City		85 Zip Code	\dashv	
.	200	0100		Melo ourne	FL 3290/	_	
office of t	to the provisions of Sections 607 egistered agent, or both, in the S	State of Florida, Such change was	authorized by the corp	corporation submits this statement for the proporation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered	3	
•	m familiar with, and accept the o	bligations of, Section 607.0505, Fi	lorida Statutes.				
SIGNATUHE	Ski carrie, typed or printed harne of registero	ON) eldecilique li shit bne trege br	TE: Registered Agent signature	required when reinstating)	DATE	-	
12.	OFFICERS PSD	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC) (40/o	
TITLE NAME	WALLS, YVONNE	☐ DELETE	1.1 TITLE 1.2 NAME	MSD Kilming Wall	Change [_] Addition	۳ و	
STEEL ADDRESS	600 WISTERIA DRIVE		1.3 STREET ADDRESS	Keyes, Yunune Wall LOD WISPERIA DRIVE	3	CBOEnsa	
CITY - SL - ZIL	MELBOURNE FL 32001		1.4 CITY+ST-ZIP	MaloouRNE FL 3290		12	
Titul		DELETE	2.1 TITLE		Change Addition	,⊓ C	
NAME			2.2 NAME			1	
STREET ADDRESS			2.3 STREET ADDRESS				
CITY - ST- 7IP		C DUCTE	2. 4 CITY-\$1-ZIP	<u></u>	Change Addition		
101.6		☐ DELETE	3.1 VITLE		Change Addition	A1 }	
NAME STREET ADDRESS			32 NAME . 3.3 STREET ADORESS			1	
City St-ZiP			3.4. City-St-ZIP			1	
Trut		DELETE	4.1 TITLE		Change Addition	n	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CHY-ST-ZIF		OFFEE	4.4 CITY-ST-ZIP				
THE		DELETE	5.1 TITLE		Change Additio		
NAME STREET ADORESS	}		5.2 NAME 5.3 STREET ADDRESS			-	
CHY \$1-79			5.4 CITY-ST-ZIP				
THE		☐ DELETE	6.1 TITLE		Change Additio	חנ	
KAME			62 NAME *	30000212	は らせる 19029		
STREET ADDRESS !			6.3 STREET ADDRESS	30000212 -03/31/970109 ***165.00)U 'UEJ	-	
CHY-S1 70	Language of the party of the control	The dark this files does not a re-	6.4 CITY - ST - ZIP		h n		
14. TOO Fierel informatic	oy certry that the information sulf so indicated on this against repor	apried with this filing does not qual tions applomental angual report is	my for the exemption s true and accurate and	tated in Section 119.07(3)(i), Florida Statutes I that my signature shall have the same lega	s. Fluither certily that the		

4. 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 report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under out tam 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-24-97

407-724-3868

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